

# HSA Death Distribution

Please complete all sections of this form to authorize a distribution of assets from a decedent's WealthCare Saver\* Health Savings Account (HSA), directly to you as the beneficiary, or to the estate of deceased. A separate form is required for each beneficiary/distribution requested.

For distribution amounts **less** than \$2,500, you must provide a **copy** of the death certificate as well as a copy of a valid form of identification for yourself. For distribution amounts **greater** than \$2,500, you must provide a **certified copy** of the death certificate as well as a copy of a valid form of identification for yourself. Additionally, if the beneficiary is a minor, guardianship paperwork must be submitted.



#37PNC#####



**Fax completed form to:**  
855.588.1028



**Mail completed form to:**  
WealthCare Saver  
P.O. Box 162177  
Altamonte Springs, FL 32716



**Questions about this form?**  
866.315.1777

## Section 1: Current Account Holder Information (beneficiary/executor of estate completes this section with HSA account holder information)

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

SOCIAL SECURITY NUMBER

EMPLOYER NAME

## Section 2: Beneficiary / Estate Information (beneficiary/executor completes this section with beneficiaries/estate's information)

LAST NAME

FIRST NAME

—OR— ESTATE NAME

TELEPHONE NUMBER

DATE OF BIRTH

SSN —OR— ESTATE ITIN

STREET ADDRESS

CITY

STATE

ZIP CODE

## Section 3: Processing Option (please choose only one)

- ☐ **Transfer to Existing HSA (Surviving Spouse Beneficiary):** I am the surviving spouse beneficiary and I am requesting that HSA funds remaining in the decedent's account be transferred to my existing HSA.
- ☐ **Request Payout (Surviving Spouse Beneficiary):** I am the surviving spouse beneficiary and I am requesting the payout and closing of my spouse's HSA. The payout will be sent to me at the above listed address. Amounts distributed will generally be included in my gross income, except for any amount used to pay for medical expenses I incur before the distribution date or medical expenses that were incurred by my spouse before death (and paid by me within one year after the date of death).
- ☐ **Request Payout (Non-Spouse Beneficiary):** I am a non-spousal beneficiary requesting payout. I am required to include the funds received in my gross income, except for any amount used to pay for medical expenses incurred by the HSA Account Holder (and paid by me within one year of the Account Holder's death).
- ☐ **Request Payout (Estate):** I am the executor, personal representative, or administrator of the Estate of the Decedent. If there is no designated beneficiary, the entire amount of the HSA shall be paid to the estate of the deceased and included on the decedent's final income tax return. I request payout as directed on the estate documentation.

All distributions to an Estate require a copy of recorded court documentation and IRS approved Estate Identification Number (EIN) to validate executorship of the estate. Acceptable recorded court documentation includes but is not limited to: court-issued Letters Testamentary or Letters of Administration appointing an executor or administrator for formal probate.



## Section 4: Withdrawal / Transfer Details

If you are the surviving spouse of the decedent and wish the funds in the decedent's existing HSA to be transferred to your existing HSA with WealthCare Saver as custodian, please provide your existing HSA Account Number.

\_\_\_\_\_

HSA ACCOUNT NUMBER

\_\_\_\_\_

☐ SPECIFIC AMOUNT

☐ ENTIRE AMOUNT AND CLOSE ACCOUNT

If you are the surviving spouse of the decedent and wish the funds in the decedent's existing HSA to be transferred to your existing HSA maintained at another financial institution, please provide the name and mailing address of this financial institution

\_\_\_\_\_

BANK NAME

\_\_\_\_\_

BANK ADDRESS

\_\_\_\_\_

☐ SPECIFIC AMOUNT

☐ ENTIRE AMOUNT AND CLOSE ACCOUNT

In all other cases, funds will be distributed via check to the address provided in Section 2.

## Section 5: Rules, Conditions and Signature

Checks will be issued and mailed to the address provided above. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies any person to whom funds are being distributed prior to completing the distribution. If the HSA consists of securities in an investment account, these securities will be liquidated and transferred to the HSA deposit account. WealthCare Saver\* as Custodian reserves the right to complete this liquidation at such time that is reasonable upon receipt and verification of this form.

Due to the important tax consequences relating to the death of an HSA Account Holder, I understand that I may wish to contact a tax professional or legal counsel. State tax laws may vary and I understand that neither WealthCare Saver as Custodian, nor its affiliates make any representation as to the tax effect of this distribution under state or federal. The information provided is in general terms only to provide some information relating to the tax consequences of a decedent's HSA account. Information provided by me is true and correct and may be relied upon by WealthCare Saver as Custodian. I assume full responsibility for this transaction and will not hold WealthCare Saver as Custodian, or its affiliates liable for an adverse consequences that may result. **I have read and understand the instructions, rules, and conditions relating to this transaction and I certify that I am the individual authorized to execute this transaction.**

\_\_\_\_\_

LEGAL SIGNATURE OF HSA BENEFICIARY / EXECUTOR OF ESTATE  
(FIRST & LAST NAME REQUIRED)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE