



# DISTRIBUTION REQUEST FORM

## Health Savings Account (HSA)

Submit this completed form via one of the following methods:	Online	Mail
	Sign into your account at <a href="http://www.tasconline.com">www.tasconline.com</a> and go to <i>Support &gt; Contact Us</i> and attach to a support request	TASC, PO Box 7308 Madison, WI 53704-7308

### PARTICIPANT INFORMATION

First Name		MI		Last Name	
TASC ID		Social Security Number			

### DISTRIBUTION INFORMATION

**Select one option below.** For death distributions, complete a *Death Distribution Request Form*. If applicable, a \$25.00 account closure fee will be deducted from your HSA prior to making the distribution.

<input type="checkbox"/> <b>Normal</b>	For payment of qualified medical expenses; save your receipts.																		
<input type="checkbox"/> <b>Disability</b>	If the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions are subject to ordinary income tax.																		
<input type="checkbox"/> <b>Prohibited Transaction</b>	<table><tr><td><b>Amount of Distribution</b></td><td>\$</td><td></td></tr><tr><td colspan="3">Use of HSA funds for anything other than a qualified medical expense. IRS penalties may be imposed if not corrected in a timely manner.</td></tr></table>	<b>Amount of Distribution</b>	\$		Use of HSA funds for anything other than a qualified medical expense. IRS penalties may be imposed if not corrected in a timely manner.														
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<input type="checkbox"/> <b>Excess Contribution Removal</b>	<table><tr><td><b>Amount of Excess Contribution</b></td><td>\$</td><td></td></tr><tr><td colspan="3"><b>Date Excess Contribution Occurred</b></td></tr></table>	<b>Amount of Excess Contribution</b>	\$		<b>Date Excess Contribution Occurred</b>														
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<input type="checkbox"/> <b>Rollover</b>	<p>Select one: <input type="checkbox"/> <b>Partial rollover</b> in the amount of \$</p> <p><input type="checkbox"/> Liquidate my <b>entire</b> account balance.</p> <p>This rollover <input type="checkbox"/> <b>will</b> / <input type="checkbox"/> <b>will not</b> close my existing HSA.</p> <p>Check will be made payable to HSA Accountholder and mailed to your address on file. The IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option, you are certifying to the bank that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The funds you receive from the distribution of an HSA must be deposited into another HSA within 60 days from when you receive them. You are entitled to one distribution per year per HSA which may be rolled over. You are entitled to roll over the same assets only once in a 12-month period.</p>																		
<input type="checkbox"/> <b>Transfer to New Custodian</b>	<p>Select one: <input type="checkbox"/> <b>Partial rollover</b> in the amount of \$</p> <p><input type="checkbox"/> Liquidate my <b>entire</b> account balance.</p> <p>This rollover <input type="checkbox"/> <b>will</b> / <input type="checkbox"/> <b>will not</b> close my existing HSA.</p> <p>Check will be made payable to the receiving Administrator/Trustee/Custodian for the benefit of the HSA Accountholder and mailed to the address provided below. It is the HSA Accountholder's responsibility to forward the check to the new Administrator/Trustee/Custodian.</p> <table><tr><td><b>Name of Receiving Administrator/Trustee/Custodian</b></td><td colspan="5"></td></tr><tr><td><b>Address</b></td><td colspan="5"></td></tr><tr><td><b>City</b></td><td></td><td><b>State</b></td><td></td><td><b>ZIP</b></td><td></td></tr></table>	<b>Name of Receiving Administrator/Trustee/Custodian</b>						<b>Address</b>						<b>City</b>		<b>State</b>		<b>ZIP</b>	
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**SIGNATURE REQUIRED ON PAGE 2**



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### AUTHORIZATION

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I certify that I am the HSA Accountholder, or an individual authorized to execute this transaction, and I direct TASC to make a distribution from my HSA according to my selection above. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold TASC or Lake Ridge Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TASC or Lake Ridge Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by TASC and Lake Ridge Bank.

If account closure is requested via Rollover or Transfer, I authorize the TASC to liquidate the investments in my HSA Investment Account and wait 10 days to allow any outstanding debit card transaction (if debit card is applicable to my account) to settle before mailing the check for any remaining account balance, less any applicable account closure fee. I authorize TASC to deduct any such fees due from the credit balance in my account.

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**HSA Accountholder Signature**

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**Date**