DEATH DISTRIBUTION REQUEST FORM

Health Savings Account (HSA)

INSTRUCTIONS

Complete this form to authorize a distribution of assets from a decedent's Health Savings Account (HSA) directly to you as the beneficiary. Be sure to submit a notarized copy of the death certificate with this form. For questions, please call TASC at **608-241-1900** or **1-800-422-4661**.

Submit this completed form to TASC via one of the following methods:	Fax	Mail
	(608) 245-3623	TASC, PO Box 7308 Madison, WI 53704-7308

ACCOUNTHOLDER INFORMATION

Beneficiary completes this section with HSA Accountholder information:

First Name:		MI:		Last Name:	
TASC ID:		Social Security Number:			

BENEFICIARY INFORMATION

Beneficiary completes this section with their information:

Beneficiary Type:	☐ Spouse ☐ Non-Spouse ☐ Estate *A copy of the "Letter Testamentary" is required to validate executorship.*				
First Name:		MI:		Last Name:	
Date of Birth:		Social Security Number:			
Email Address:		Driver's License Number:			
Primary Phone:		Mobile Phone:			
Primary Address:	Address Line 1:			Apt:	
	Address Line 2:				
	City:				
	State:		Zip/Postal Code:		+4

PROCESSING OPTION

Please select only one:

☐ **I am the spouse and I am requesting the account to remain an HSA account.** By completing this section, I am requesting that a new HSA account be opened in my name. I will receive an HSA Enrollment Form to be completed and signed in order to finalize the account. After the setup is complete, the HSA funds remaining in my spouse's account will be transferred to my new account.

☐ **I am the spouse and I am requesting payout and closing of my spouse's HSA account.** 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).

☐ **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 Accountholder (and paid by me within one year of the Accountholder's death).

☐ **I am the executor 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.

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AUTHORIZATION/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 mutual funds, these funds will be liquidated and transferred/distributed as cash. TASC and Lake Ridge Bank reserve 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 Accountholder, I have been advised to see a tax professional. State tax laws may vary, and I agree that neither TASC nor Lake Ridge Bank makes any representation as to the tax effect of this distribution under state or federal law. 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 TASC and Lake Ridge Bank. 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 am the individual authorized to execute this transaction. I have read and understand the instructions, rules and conditions relating to this transaction.

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HSA Beneficiary Signature **Date**