

WITHDRAWAL FORM

Fax: 260.427.7185

Mailing Address: The HSA Authority, Attn: Processing Center, P.O. Box 11454, Fort Wayne, Indiana 46858

HEALTH SAVINGS ACCOUNT HOLDER'S INFORMATION

A	Name (First)	(Middle)	(Last)	Account Number
	Address			Daytime Telephone (Area Code First)
	City	State		Zip Code

WITHDRAWAL INFORMATION

This form can be used in place of checks to reimburse the account holder for all out-of-pocket, qualified HSA expenses.

B	Distribution Reason:	<input type="checkbox"/>	Normal		
		<input type="checkbox"/>	Death		Withdrawal Amount
		<input type="checkbox"/>	Disability		Cashier's Check Fee or
		<input type="checkbox"/>	Prohibited Transaction		Closing Fee
		<input type="checkbox"/>	Excess Contribution Removal Current Year		(circle the one that applies)
		<input type="checkbox"/>	Excess Contribution Removal Prior Year		+ \$5.00
Will this withdrawal close the account?					+ \$20.00
	<input type="checkbox"/>	Yes, fees apply. See below.			+
	<input type="checkbox"/>	No			Interest on excess cont.
					=
				Total Distribution from HSA Account	_____

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Tower Bank. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences that may arise from this withdrawal and I agree that Tower Bank shall in no way be held responsible.

Customer Signature X _____ **Date** _____

After your transaction is completed, you can review this transaction via monthly statement or online banking.

GENERAL TERMS AND CONDITIONS - Rules and Conditions Applicable to Withdrawal

Distribution Reasons: Normal Distributions for any reason other than removal of an excess contribution, death, disability, or a prohibited transaction are deemed Normal Distributions. Normal Distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax. **Excess Contribution Removal:** If you have made an excess contribution to your HSA, you must generally take the appropriate steps to remove the contribution. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties. \$20 bank processing fee applies. **Disabilities:** You may take a distribution due to disability only 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 you to death. Disability distributions may be subject to ordinary income tax. **Death:** If you are requesting a distribution as a beneficiary, you must furnish to the Trustee, Custodian or issuer an original death certificate to verify your entitlement to receive the distribution. This verification should be used by surviving spouse beneficiaries claiming ownership of HSA. Death distributions to non-spouse beneficiaries are generally includable in ordinary income. **Prohibited Transactions:** If you have performed a prohibited transaction as defined in IRC Sec. 487SC, you may be subject to an IRS penalty. If the prohibited transaction is not corrected in a timely fashion, an additional penalty may be imposed. If proceeds from closed HSA will be used for non-qualified or non-medical expenses, a 20% penalty will apply. **Closing Account:** Your remaining HSA balance, less \$20 account closing fee, will be mailed to you.

(Internal Use Only)	
Bank Representative Signature _____	Date _____
<input type="checkbox"/> Telephone Withdrawal - I certify that the above named individual has been identified per the phone withdrawal request procedures.	