



Use this form to authorize a distribution of assets from a decedent's HSA directly to you as the beneficiary or executor of the estate. To protect every accountholder's assets, *HealthSavings* only distributes funds to individuals listed as beneficiaries or the executor of the estate.

Instructions:

Complete, print, and mail this form, along with a certified copy of the death certificate as well as an official, signed Letter of Appointment of Executor (if applicable), to:

HealthSavings Administrators

10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235

Accountholder Information (Beneficiary/executor completes this section with HSA accountholder information)

First Name _____ Last Name _____ M.I. _____

Social Security Number _____

Beneficiary Information (Beneficiary completes this section with his/her information)

Beneficiary listed below must match beneficiary information contained in the HSA accountholder's profile.

Please Select Beneficiary Type:

Spouse Non-Spouse Estate — A copy of the Letter of Appointment of Executor is required to validate executorship.

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Phone Number _____ Driver's Lic. Number _____ Email _____

Processing Option (Please choose only one)

I am the spouse and I am requesting the account to remain an HSA account. By completing this section:

- > I confirm that I have successfully created an account on HealthSavings.com or have an existing account in my name.
- > I request to have the HSA funds remaining in my spouse's account transferred to my account.

I am the spouse and I am requesting payout and closing of my husband's/wife'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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Rules, Conditions & Signature

Checks will be issued and mailed to the address provided on page one. 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. FPS Trust 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 accountholder, I have been advised to see a tax professional. State tax laws may vary, and I agree that FPS Trust makes no 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 FPS Trust. I assume full responsibility for this transaction and will not hold FPS Trust 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.

HSA Beneficiary Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____