

Health Savings Account (HSA) Distribution of Marital Assets Form

Instructions: Complete this form to distribute marital assets.

Mail completed form and copy of Marital Settlement Agreement to:

HealthSavings Administrators/HSA xChange

P.O. Box 73688
North Chesterfield, VA 23235

PART 1 Accountholder Information

NOTE: You must open an HSA through *HealthSavings* by submitting an enrollment application prior to completing this form.

First Name _____ Last Name _____ M.I. _____
Street Address _____ Apt / Suite _____
City _____ State _____ ZIP Code _____
Social Security Number _____ Primary Phone Number _____
Account Number _____

PART 2 Receiving Spouse

NOTE: Receiving spouse must open an HSA by submitting an enrollment application prior to completing this form.

First Name _____ Last Name _____ M.I. _____
Street Address _____ Apt / Suite _____
City _____ State _____ ZIP Code _____
Social Security Number _____ Primary Phone Number _____
Account Number _____

PART 3 Accountholder Authorization

I have read and understand the rules and conditions and I have met the requirements for making the designated transaction. Due to the important tax consequences of the designated transaction I have been advised to see a tax professional. All information provided to me is true and correct and may be relied on by the trustee or custodian. I assume full responsibility for this transaction and will not hold FPS Trust liable for any adverse consequences that may result.

Accountholder's Signature

Date (mm/dd/yyyy)

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PART 4 Receiving Spouse Authorization

I have read and understand the rules and conditions and I have met the requirements for making the designated transaction. Due to the important tax consequences of the designated transaction I have been advised to see a tax professional. All information provided to me is true and correct and may be relied on by the trustee or custodian. I assume full responsibility for this transaction and will not hold FPS Trust liable for any adverse consequences that may result.

Receiving Spouse's Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Case Number _____