



HSA Withdrawal

Please complete this form to withdraw funds from your HSA account. You may wish to review IRS Publication 969 found at www.irs.gov/pub/irs-pdf/p969.pdf.



##37PNC#####



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
855.622.0777
Monday thru Friday 9AM - 5PM EST

Section 1: Account Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Withdrawal/Disbursement Instructions (Tran Code 161 - Withdrawal)

Please indicate the amount you would like to withdraw from your HSA account and whether you would like the funds distributed to you as a check or via ACH transfer. If you select an ACH transfer, please additionally indicate you would like to use the checking or savings account on record..

\$ _____
WITHDRAWAL AMOUNT

Check

Deposit funds electronically to the direct deposit account on file. If no bank account on file, a check will be mailed.

Note: A check will be mailed to the account on record

Section 3: Signature

I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by WealthCare Saver* as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this distribution are my own. I assume full responsibility for this distribution and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

I acknowledge that I have read and understand the terms and conditions applicable to a distribution as set forth in the Custodial Agreement provided when opening this HSA account. I understand that any applicable fees will be deducted from the distribution amount requested (Refer to the HSA Fee Schedule on the Portal).

SIGNATURE OF HSA ACCOUNT HOLDER

_____/_____/_____
DATE