



HSA DISTRIBUTION REQUEST FORM

Instructions

- Use this form to request a distribution from your HSA for one of the reasons indicated below. **For death distributions, complete the Death Distribution Request Form.**
- Fax the completed form to **1-888-313-3036** or forward it to: **FlexToday, Inc., PO Box 16099, Fresno, CA 93755**
- If you have any questions regarding distributions from your HSA, please call **1-800-995-5373**

Accountholder Information

First Name Andrew	Last Name Sharp	Middle Initial
Social Security Number 550-70-1490	Birth Date 12/14/1958	Email Address asharp@perforce.com

I direct HSA Administrator to make a distribution from my HSA for the following reason (choose only **one** reason per form):

1) Normal/Disability/Prohibited Transaction Distribution (check one)

<input type="checkbox"/>	Normal – For payment of qualified medical expenses; save your receipts
<input type="checkbox"/>	Disability – If the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the conditional will last continuously for at least 12 months or lead to your death. Disability distributions are subject to ordinary income tax.
<input type="checkbox"/>	Prohibited Transaction – use of HSA funds for anything other than a qualified medical expense; if not corrected in a timely manner, IRS penalties may be imposed.
Amount of Normal/Disability/Prohibited Transaction Distribution \$ _____	

2) Excess Contribution Removal

Amount of excess contribution \$ _____ Date excess contribution occurred _____

3) Rollover/Transfer

If I am requesting account closure, I authorize the HSA Administrator to liquidate the investments in my HSA Investment Account and wait 10 days to allow any outstanding debit card transaction (if debit card is applicable to my account) to settle before mailing the check for any remaining account balance, less any applicable account closing fee.

☐ Rollover – Check will be made payable to HSA Accountholder and mailed to your address on file.

Please liquidate ☐ my entire account balance or ☐ \$ _____

This rollover ☐ will / ☐ will not close my HSA account (please check one).

The IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option, you are certifying to the bank that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The funds you receive from the distribution of an HSA must be deposited into another HSA within 60 days from when you receive them. You are entitled to one distribution per year per HSA which may be rolled over. You are entitled to roll over the same assets only once in a twelve (12) month period.

☒ Transfer – Check will be made payable to the receiving Administrator/Trustee/Custodian for the benefit of the HSA Accountholder and mailed to the address you provide ☒ is the HSA Accountholder's responsibility to forward the check to the new Administrator/Trustee/Custodian.

Please liquidate ☒ my entire account balance or ☐ \$ _____

This transfer ☒ will / ☐ will not close my HSA account (please check one).

Name of Receiving Administrator/Trustee/Custodian **NFS-FBO (Andrew Sharp)**

Address of Receiving Administrator/Trustee/Custodian **National Financial Services, LLC Attn: Check Processing PO Box 770001 Cincinnati, OH 45277-0040**

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank Trust liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon HSA Administrator and Healthcare Bank. (Pen and Ink Signature or Adobe Signature required)

Signature of HSA Accountholder Andrew Sharp	Date 10/30/2024 12:51 PM CDT
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