



# DEATH DISTRIBUTION REQUEST FORM

## Health Savings Account (HSA)

Complete this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary.

Attach a notarized copy of the death certificate with this completed form and submit to BASIC via one of the following methods:	Fax	Mail
	1-269-327-0716	BASIC CDA, PO Box 6278, Monona, WI 53716

For questions, please call BASIC at 800-372-3539 with your Individual ID # available.

### ACCOUNTHOLDER INFORMATION

Beneficiary completes this section with HSA Accountholder information:

Individual ID #:		Social Security Number:	
First Name:		MI:	Last Name:

### BENEFICIARY INFORMATION

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

Beneficiary Type:	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Estate <i>A copy of the "Letter Testamentary" is required to validate executorship.</i>		
First Name:		MI:	Last Name:
Date of Birth:		Social Security Number:	
Email Address:		Driver's License Number:	
Primary Phone #:		Mobile Phone #:	
Primary Address:	Address Line 1:		Apt:
	Address Line 2:		
	City:		
	State:		Zip/Postal Code:

### PROCESSING OPTION

Please select only one:

- I am the spouse and I am requesting the account to remain an HSA account.** By completing this section, I am requesting that a new HSA account be opened in my name. I will receive an HSA Enrollment Form to be completed and signed in order to finalize the account. After the setup is complete, the HSA funds remaining in my spouse's account will be transferred to my new 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.

**\*\* AUTHORIZATION SIGNATURE REQUIRED ON PAGE 2 \*\***



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### AUTHORIZATION

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#### Rules, Conditions and Signature

Checks will be issued and mailed to the address provided above. 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. BASIC and State Bank of Cross Plains reserve 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 neither BASIC nor State Bank of Cross Plains makes any 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 BASIC and State Bank of Cross Plains. I assume full responsibility for this transaction and will not hold BASIC or State Bank of Cross Plains 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.

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**HSA Beneficiary Signature**

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**Date**