



Health Savings Account (HSA) Account Closure/Withdrawal Request

As Owner of the Health Savings Account identified below, I hereby request that the Custodian take the following action:

Account Closure Request

I am requesting UMB Bank to close my HSA and, by signing below, I certify that this distribution is (select one):

- made on account of my permanent disability. Funds remaining in my account will be returned to me.
- a transfer to another HSA custodian/trustee. (You must attach a transfer form from your new custodian/trustee.)
- a transfer to my former spouse pursuant to a divorce decree (a copy of the divorce decree is required).
- I no longer have a qualifying high-deductible health plan. Funds remaining in my account will be returned to me as taxable income.

Excess Withdrawal Request

I am requesting an Account Withdrawal in the amount of \$ _____. By signing below, I certify that this distribution is for a return of excess contributions for Tax Year _____ plus earnings on the amount of the excess contribution.

I understand that UMB Bank, n.a. will report this distribution to the IRS in accordance with the type of distribution noted above. In making this Account Closure/Withdrawal Request, I further understand that it is my sole responsibility to determine the tax consequences of such distribution, to properly report the distribution on my Federal income tax return and on Form 8889 for Health Savings Accounts, as well as on any state income tax returns, and to pay any taxes and penalties arising as a result of this distribution (see IRS Publication 969, Health Savings Accounts and other Tax-Favored Health Plans). Applicable account closing fee or check reimbursement fees will apply and will be deducted from the account prior to making the distribution. Please refer to your HSA Deposit Account Terms and Conditions for the amount of the applicable fee.

Account Owner's Name (please print)		Account Number	
Address		City	State Zip Code
()	()		
Home Phone Number	Work Phone Number	Social Security Number	Date of Birth
Account Owner's Signature		Date	

Please mail completed form to: UMB Bank, n.a.
Mail stop 1170204 – CI Center
PO Box 419226
Kansas City, MO 64141-6226

UMB BANK USE ONLY	
Date Closed:	
Emp. ID:	
Group No.:	
Term Date:	