



HSA Close Account

Please complete this form to close your HSA account. Prior to submitting this form, if applicable, verify that you have notified your employer to cease contributions to this account and that all contributions have been posted to your account. You may wish to review IRS Publication 969 found at www.irs.gov/pub/irs-pdf/p969.pdf.



Fax completed form and current account statement to:
855.588.1028



Mail completed form and current account statement to:
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
855.424.7211
M-F, 8:00 a.m. - 8:00 p.m. ET

Section 1: Account information

ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Withdrawal/Transfer Details

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 if you would like to use the checking or savings account on record or a separate bank account.

\$

WITHDRAWAL AMOUNT

CHECK

ACH TRANSFER

Note: A check will be sent to the address on record

ACH Transfer Details (please complete if ACH transfer was selected)

Transfer amount to checking or savings account on record

Transfer amount to the account below

CONSUMER BANK NAME

CONSUMER ROUTING & TRANSIT NUMBER

CONSUMER ACCOUNT NUMBER

Section 3: Signature

I certify that I am legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by PNC Bank as Custodian, or its affiliates. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that neither PNC Bank as Custodian, nor its affiliates, shall be held liable for any adverse consequences that may result. I understand that I may consult a tax professional or legal counsel. 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. (See Health Savings Account Fee Schedule found on the Portal).

SIGNATURE OF HSA ACCOUNT HOLDER

DATE