



Health Savings Account (HSA) Withdrawal Request Form

This form must be completed, signed and returned to Farm Bureau Bank in order to process an HSA withdrawal request. Please return to the address options shown below.

OWNER'S INFORMATION

HSA Owner's Name: _____

Social Security Number: _____ HSA Account #: _____

DISTRIBUTION OPTIONS

I direct the Trustee or Custodian to make a distribution from the HSA for the following reason **(check only one)**:

Normal (code 1) Disability (Code 3)

Transfer to another HSA:

To HSA Owner
 To Spouse beneficiary due to death *Complete section A&B.*

A) Date of Death *Please include a copy of the Death Certificate* : _____

Is the distribution being taken at the year of death? Yes No mm/dd/yy

If **yes**, what type of beneficiary? Spouse (code 4) Other (code 4)

If **no**, what type of beneficiary? Spouse (code 1) Estate (code 4) Other (code 6)

To former spouse due to divorce *Please include a copy of the Divorce Decree, Property Settlement documents and complete section B.*

BENEFICIARY RECIPIENT INFORMATION

B) *This section should be completed by a **beneficiary taking a death distribution** or a **former spouse taking a distribution as a result of a property settlement.***

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____
mm/dd/yy

Address: _____

Phone number: _____ Cell Phone: _____

PAYMENT INSTRUCTIONS

- Partial Distribution of \$ _____
 Total Distribution and Close

Amount Requested: \$ _____

Penalties/Charges: \$ _____

Net Amount Paid: \$ _____

Date of Distribution: _____

PAYMENT METHOD

- Mail check to me
 Deposit into my account:
 Checking
 Savings

Institution's Name: _____

Account #: _____

Routing #: _____

Only for HSA Owners - If withdrawal is a transfer to another HSA, the check must be payable to the receiving HSA custodian and for benefit of the HSA Owner.

Make Check Payable to: _____

Custodian Address: _____

SIGNATURE

I certify that I am the proper party to receive payment(s) from this HSA. All information furnished by me is true and accurate where I authorize this transaction. I understand the consequences of this distribution, and no tax advice has been given to me by the Trustee or Custodian. I assume full tax responsibility for this transaction.

HSA Owner/ Beneficiary Signature

Custodian Signature

Date mm/dd/yy

Print and Fax/Mail completed form to:

Farm Bureau Bank FSB
P.O. Box 33427
San Antonio, TX 78265-3427

Phone: 800.492.3276

Fax: 866.913.5087

E-mail: services@farmbureaubank.com

Rules And Conditions Applicable to Withdrawals

GENERAL INFORMATION

You must supply all requested information so the Trustee or Custodian can do the proper tax reporting. You may not request a distribution on behalf of another beneficiary.

DISTRIBUTION REASONS

Transfer: A transfer may be made by an HSA Owner. No IRS reporting is required for a transfer.

Normal: Distributions for any reason other than removal of an excess contribution, death, disability or a prohibited transaction are deemed Normal Distributions. Normal Distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax. A normal distribution is reported to the IRS on Form 1099-SA using Code 1. Also use Code 1 if no other code applies to the distribution.

Disability: If you are requesting a distribution due to disability (see IRC Section 72(m)(7)) you may be required to furnish proof, in a form acceptable to the Trustee or Custodian verifying your entitlement to receive the distribution. Disability distributions may be subject to ordinary income tax. A disability distribution is reported to the IRS on Form 1099-SA using Code 3.

Death: If you are requesting a distribution as a beneficiary, you may be required to furnish proof, in a form acceptable to the Trustee or Custodian, verifying your entitlement to receive the distribution. Death distributions to non-spouse beneficiaries are generally included in ordinary income.

A death distribution is reported to the IRS on Form 1099-SA according to the following:

- If the financial organization is notified of death and the distribution is made to the beneficiary in the year of death, Code 4 is used to report the distribution.
- If the financial organization is notified of death and the distribution is made to the beneficiary in the year following the year of death, Code 1 is used if the beneficiary is the spouse, Code 4 is used if the beneficiary is the estate, and Code 6 is used if the beneficiary is not the spouse or estate.

Prohibited Transaction

If you have performed a prohibited transaction as defined in IRC Sec. 4975(c), you may be subject to an IRS penalty. If the prohibited transaction is not timely corrected, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5.

SIGNATURES: Your signature is required to certify that the information you have provided is true correct and that you are aware of all the circumstances affecting this HSA withdrawal.