



# DISTRIBUTION REQUEST FORM

## Health Savings Account (HSA)

### INSTRUCTIONS

Complete this form to request a distribution from your BASIC HSA for one of the reasons indicated below. All fields required. For questions, please call BASIC Customer Care at **800-372-3539** with your BASIC ID available. **For death distributions, complete the *Death Distribution Request Form*.**

<b>Submit this completed form to BASIC via one of the following methods:</b>	<b>Fax</b>	<b>Mail</b>
	269-327-0716	BASIC, PO Box 7308 Madison, WI 53707-7308

### ACCOUNTHOLDER INFORMATION

Benefits ID:		Social Security Number:	
First Name:		MI:	Last Name:

### PROCESSING INFORMATION

**I direct BASIC to make a distribution from my HSA in the form of the following type (select only one type per form):**

<input type="checkbox"/> <b>Normal</b>	For payment of qualified medical expenses; save your receipts.
<input type="checkbox"/> <b>Disability</b>	If the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions are subject to ordinary income tax.
<input type="checkbox"/> <b>Prohibited Transaction</b>	Use of HSA funds for anything other than a qualified medical expense; if not corrected in a timely manner, IRS penalties may be imposed.
<input type="checkbox"/> <b>Excess Contribution Removal</b>	<b>Amount of Distribution</b> \$
	<b>Amount of Excess Contribution</b> \$
<input type="checkbox"/> <b>Rollover</b>	<b>Date excess contribution occurred:</b>
	<input type="checkbox"/> Partial Rollover: \$ _____ or <input type="checkbox"/> Liquidate my entire account balance
	This Rollover <input type="checkbox"/> will / <input type="checkbox"/> will not close my existing HSA*
	Check will be made payable to HSA Accountholder and mailed to your address on file. 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 12-month period.
	This Transfer <input type="checkbox"/> will / <input type="checkbox"/> will not close my existing HSA*
	Check will be made payable to the receiving Administrator/Trustee/Custodian for the benefit of the HSA Accountholder and mailed to the address provided below. It is the HSA Accountholder's responsibility to forward the check to the new Administrator/Trustee/Custodian.
	<b>Name of Receiving Administrator/Trustee/ Custodian:</b>
	<b>Street Address:</b>
	<b>City:</b>
	<b>State:</b>
	<b>ZIP:</b>



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### AUTHORIZATION/SIGNATURE

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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 BASIC or Lake Ridge Bank liable for any adverse consequences that may result. I have not received tax or legal advice from BASIC or Lake Ridge 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 BASIC and Lake Ridge Bank.

\*If account closure is requested via Rollover or Transfer, I authorize the BASIC 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.

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**HSA Accountholder Signature**

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**Date**