

Liberty Savings Bank
Attn: HSA Department
2323 Stickney Point Rd.
Sarasota, FL 34231
Fax: 941.953.6006

HSA Distribution Form



Purpose: Use this form for distributions from your HSA in cases when you want a check from us (or a transfer to a spouse) rather than using other methods to access your account (e.g. a debit card purchase or online transaction). This may include: normal distributions, death distributions, disability distributions, prohibited transaction distributions and transfers to a spouse due to death or divorce. Also use this form if you are closing your account.

Personal Information of HSA Owner

Name (HSA Owner)

Social Security Number

Date of Birth

Account Number

(Numbers are 11 digits and begin with "999")

Distribution Type

A. Amount: \$_____ A check will be mailed to your address on record or, in the case of a death distribution or transfer to a spouse, the address listed by a beneficiary or spouse on this form.

B. Distribution Reason (select one)

Normal Distribution Are you closing your HSA? No (TC161) Yes (TC168)
(taxes, penalties, and fees may apply)

Return of Excess Contribution For Tax Year _____ (TC155) Amount of Excess \$ _____
corrected by my tax-filing due date, including extensions (TC156)
Earning attributable to the excess amount \$ _____

Death Distribution (Complete a Death Distribution Form and include the death certificate)

Transfer to Spouse due to divorce (TC208/154)

Spouse's Name

SSN

Address

Phone

Spouse's HSA Account

Financial Institution

Address

Disability (avoids 20% penalty –must meet IRS definition of "disabled" to qualify) (TC161)

Close Account

HSA Owner Signature Statement:

I certify that I am solely responsible for this HSA distribution and understand the tax consequences. I certify that I am the HSA owner, the beneficiary, or the individual authorized to complete this transaction. I have not received tax advice from the Custodian of this account and agree to seek my own tax or legal advice, if I deem it necessary. I indemnify and hold the HSA Custodian harmless for any resulting liabilities for this transaction. **Please include a copy of your ID with this form.**

HSA Owner's Signature _____

Date _____