

Health Savings Account (HSA) Withdrawal Request Form

This form must be completed, signed, and returned to Farm Bureau Bank to process an HSA withdrawal request. **A copy of the account holder's Driver's License is required to fulfill this request.** Mailing information is on page two of the document.

HSA OWNER'S INFORMATION

Name: _____

HSA Account Number: _____ Social Security Number: _____

DISTRIBUTION OPTIONS

Transfer Distribution

Transfer to Another HSA

Receiving Bank _____

Account Number _____

Bank Address _____

Normal Distribution (Payout)

Pay to Owner

Mail Check

Direct Deposit

Bank Name _____

Routing Number _____

Account Number _____

Checking Account Savings Account

Disability Distribution (Payout)

Pay to Owner

Mail Check

Direct Deposit

Bank Name _____

Routing Number _____

Account Number _____

Checking Account Savings Account

Beneficiary Distribution (Must Complete *Beneficiary Recipient Information Section*)

Due to Death (Include Death Certificate)

Date of Death _____

Will the distribution be taken the year of the death? Yes No

If yes, who will be the beneficiary? Spouse Other

If no, who will be the beneficiary? Spouse Estate Other

Due to Divorce Decree/Property Settlement (Include Decree of Settlement Documents)

BENEFICIARY RECIPIENT INFORMATION

Name: _____

Relationship: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Home Phone: _____

Cell Phone: _____

PAYMENT OPTIONS Full Distribution Amount Partial Distribution Amount of \$ _____**AUTHORIZATION**

I certify that I am the proper party to receive payment(s) from this Health Savings Account. 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 or Beneficiary Signature_____
Date_____
Custodian Signature_____
Date**MAILING INFORMATION**Farm Bureau Bank FSB
P.O. Box 33427
San Antonio, Texas 78265-3427

Please call us at 800.492.3276 if you have any questions or need additional information.

FOR BANK USE ONLY

Amount Requested \$ _____

Penalties/Charges \$ _____

Net Amount Paid \$ _____

Date of Distribution _____