



# CHOICE FINANCIAL

Your HSA Bank.

## Account Closing Request Form

*Distribution from a Health Savings Account not used for the purpose of paying qualified medical expenses is subject to IRS penalties and income tax. Please consult a tax advisor before any such distribution/withdrawal.*

### Account Holder Information:

First Name:

\_\_\_\_\_

Middle Initial:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Social Security Number/TIN:

\_\_\_\_\_

HSA Account #:

\_\_\_\_\_

Telephone #:

\_\_\_\_\_

Amount of Withdrawal/Distribution: \_\_\_\_\_

### Make Checks Payable to:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State:

\_\_\_\_\_

ZIP:

\_\_\_\_\_ - \_\_\_\_\_

### Signature (Account Holder Must Sign):

*I certify the accuracy of the distribution reason selected above, and I authorize the transaction. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed.*

X \_\_\_\_\_

*Account Holder Signature*

\_\_\_\_\_

*Date*

### SUBMIT COMPLETED FORM TO ONE OF THE FOLLOWING:

#### FAX

701.356.6460  
Attn: HSA Department

#### MAIL

Choice Financial - HSA Dept.  
4501 23rd Ave. S.  
Fargo, ND 58104

#### EMAIL

hsa@choicefinancialgroup.com  
*We recommend sending in a secure format.*

*For customer service, please call our HSA Hotline at: 866.702.9033*