

# Health Savings Account (HSA) Distribution Form

The Cattle National Bank & Trust Co.

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(402) 643-3636

## 1 HSA OWNER INFORMATION

NAME _____	PHONE NUMBER _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
DATE OF BIRTH _____	DATE OF DEATH (IF APPLICABLE) _____
HSA ACCOUNT NUMBER _____	SOCIAL SECURITY NUMBER _____

## 2 DISTRIBUTION REASON (For further information, see Additional Information included with this form.)

Select One.		
<input type="checkbox"/> Normal	<input type="checkbox"/> Disability	
<input type="checkbox"/> Death	<input type="checkbox"/> Prohibited Transaction	
Type of Beneficiary: <input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other	<input type="checkbox"/> *Correction of Excess Contribution for:	
Distribution is in: <input type="checkbox"/> Year of Death <input type="checkbox"/> After Year of Death	Tax Year: _____	
Fair Market Value of HSA as of Date of Death \$ _____	Amount of excess \$ _____	
<input type="checkbox"/> Transfer	<input type="checkbox"/> by my tax-filing due date, including extensions	Earnings attributable to excess \$ _____
<input type="checkbox"/> to my HSA	<input type="checkbox"/> after my tax-filing due date, including extensions	
<input type="checkbox"/> to spouse's HSA due to death	<i>*There is a \$35.00 processing fee for corrections of excess contributions.</i>	
<input type="checkbox"/> to former spouse's HSA due to divorce or legal separation		
<b>Recipient Information</b> (Complete for IRS Levy, Death, and Transfer transactions.)		
NAME, ADDRESS, CITY, STATE AND ZIP		
TAXPAYER IDENTIFICATION NUMBER (IF APPLICABLE)	HSA ACCOUNT NUMBER (IF APPLICABLE)	DAYTIME PHONE NUMBER

## 3 PAYMENT INSTRUCTIONS

A. PAYMENT ELECTION	B. PAYMENT METHOD	C. PAYMENT DETAIL (completed by financial organization)
I elect distributions to be paid in the following manner (select one): <input type="checkbox"/> <b>Immediate Distribution</b> of \$ _____ <input type="checkbox"/> <b>Total Distribution</b> <input type="checkbox"/> <b>Other</b> _____	<input type="checkbox"/> <b>Mail check to me.</b> <input type="checkbox"/> <b>Deposited into my account at this financial organization.</b> Account Type _____ Account # _____ <input type="checkbox"/> <b>Other</b> _____	Amount Requested \$ _____ Penalties Charged (-) _____ Administrative Fees (-) _____ <b>Net Amount Paid</b> \$ _____  Earnings paid to date not already reported to HSA Administration Provider (optional). Include this figure in the Amount Requested. \$ _____  Does this distribution close the HSA ? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date of Distribution: _____

## 4 SIGNATURES

I certify that I am the HSA owner, the beneficiary, or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form, and I authorize this transaction. I understand the custodian/trustee may require the completion of additional documents before processing any distributions. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I indemnify and hold the custodian/trustee harmless from any resulting liabilities. I acknowledge that the custodian/trustee cannot provide me with legal advice, and I agree to consult with a tax or legal professional for guidance.

X

\_\_\_\_\_  
Signature of HSA Owner/Beneficiary

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature of Custodian/Trustee

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION

**PURPOSE.** The Health Savings Account (HSA) Distribution Form is designed to assist you in selecting a HSA distribution reason and method.

**ADDITIONAL DOCUMENTS.** Applicable law or policies of the HSA custodian/trustee may require additional documentation. A separate distribution form must be completed for each distribution reason.

**FOR ADDITIONAL GUIDANCE.** It is in your best interest to seek the guidance of a tax or legal professional before completing this document. Your first reference should be the HSA agreement and disclosure statement you received upon establishing your HSA or amendments provided by your custodian/trustee. For more information, refer to Internal Revenue Code (IRC) Section 223 and all additional Internal Revenue Service (IRS) guidance, IRS publications that include information about HSAs, IRS Publication 505-Tax Withholding and Estimated Tax, Instructions to your federal income tax return, your local IRS office, or the IRS's web site at [www.irs.gov](http://www.irs.gov).

**TERMS.** A general understanding of the following terms may be helpful in completing your transactions.

**DEATH.** Upon your death, your HSA becomes the HSA of your spouse as of the date of your death, if he/she is the beneficiary. We may require you spouse to transfer the assets to an HSA of his/her own. Your spouse is subject to income tax only to the extent distributions from the inherited HSA are not used for qualified medical expenses.

If your beneficiary is not your spouse, the HSA ceases to be an HSA as of the date of your death. If your beneficiary is your estate, the fair market value of your HSA as of the date of your death is taxable on your final return. For other beneficiaries, the fair market value of your HSA is taxable to them in the tax year that includes such date. For such a person (except your estate), this amount is reduced by any payments for the HSA made for your qualified medical expenses, if paid within one year after your death.

Your beneficiary(ies) should be prepared to provide a death certificate and identification to the custodian/trustee. A representative of your estate should be prepared to also provide copies of appropriate documentation, such as letter of appointment, for your state of residence.

**DISABILITY.** A distribution for disability can avoid the additional 10 percent tax if you are younger than age 65 and are disabled. The custodian/trustee may request a copy of a physician's certificate that states you meet the definition of disability under IRC Section 72(m)(7).

**EXCESS CONTRIBUTION.** An excess contribution occurs when the contribution amount exceeds allowable limits or when an individual or nonindividual makes an ineligible contribution. Removing an excess contribution, plus attributable earnings, by your tax-filing due date, including extensions, avoids a 6 percent excise tax.

**FAIR MARKET VALUE.** The most recent regularly determined value of the HSA assets determined as of a date that coincides with or precedes the date of your death.

**NORMAL.** Normal distribution include distributions for qualified medical expenses and all other distributions except the following disability, death, transfer, prohibited transaction, revocation, and correction of excess contribution.

Qualified medical expenses are expenses paid by you, your spouse, or your dependents for medical care as defined in sections 213(d) (including nonprescription drugs as described in Revenue Ruling 2003-102, 2003-38 I.R.B. 559), but only to the extent the expenses are not covered by insurance or otherwise. The qualified medical expenses must be incurred only after the HSA has been established.

For Calendar year 2005, an HSA established by you on or before April 17, 2006, may pay or reimburse on a tax-free basis an otherwise qualified medical expense if that expense was incurred on or after the later of: (1) January 1, 2005, or (2) the first day of the month that you became eligible for an HSA.

**TRANSFER.** A transfer is the nonreportable movement of assets between HSAs.

**RECIPIENT INFORMATION.** The Recipient Information section must be completed for a distribution made to satisfy an IRS levy, a death distribution, a transfer to another HSA, a transfer to a former spouse's HSA due to divorce or legal separation, or a transfer to a spouse's HSA due to death. Provide complete information regarding the individual or entity receiving the assets.