



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