



# Beneficiary Distribution Election

## HEALTH SAVINGS ACCOUNT

Review the following content thoroughly and select how you would like to receive the inherited HSA assets. Upon making your selections, sign the document and return it to the financial organization listed below.

### BENEFICIARY INFORMATION

Full Name

Tax ID

Date of Birth

### DECEASED OWNER INFORMATION

Full Name

Account Type  
Health Savings Account

Account Number

### FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

### DISTRIBUTION INFORMATION

Receive a total distribution of assets

Complete the Distribution Method Section and sign this document.

### DISTRIBUTION METHOD

Check

Transfer to non-HSA account at

AccountNumber:

AccountType:

(Checking,Savings,etc.)

### SIGNATURES

By signing this **Beneficiary Distribution Election** document, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute the HSA based on the elections made above. I understand that I am responsible for ensuring I am eligible to authorize these distributions and I assume all responsibility for any consequences as a result of my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian.

Print Beneficiary Name

Beneficiary Signature

Date