WealthCare

##37WCS##################

HSA Account Closure Request

Please complete this form to close your HSA account. If you have a balance in your HSA Investment Account, please liquidate your investments and move the balance to your HSA. If applicable, notify your employer to cease contributions to your account.

If you wish to close your WealthCare Saver HSA and transfer your HSA funds directly to another financial institution, please complete a transfer form provided by such new institution and mail to: WealthCare Saver, PO Box 162177, Altamonte Springs, FL 32716.

If you wish to close your WealthCare Saver HSA and deposit your HSA funds to another financial institution later, please complete the HSA Rollover Distribution form.

Fax completed form and current account statement to:
866.287.2022

Mail completed form and current account statement to:
WealthCare Saver*
P.O. Box 162177
Altamonte Springs, FL 32716

Questions about this form?
866.287.5675
M-F, 8 a.m. - 8 p.m. ET

Section 1: Account Information

ACCOUNT NUMBER

LAST NAME | FIRST NAME | MIDDLE INITIAL

EMPLOYER NAME | LAST FOUR OF SSN

EMAIL ADDRESS | TELEPHONE NUMBER

STREET ADDRESS

CITY | STATE | ZIP CODE

Section 2: Withdrawal/Transfer Details

Please indicate the amount you would like to withdraw from your HSA account and whether you would like the funds distributed to you as a check or via ACH transfer. If you select an ACH transfer, please additionally indicate if you would like to use the checking or savings account on record or a separate bank account.

$ _____
WITHDRAWAL AMOUNT

☐ CHECK ☐ ACH TRANSFER

ACH Transfer Details (please complete if ACH transfer was selected)

☐ Transfer amount to checking or savings account on record

☐ Transfer amount to the account below

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

Note: A check will be sent to the address on record, even if it does not match the address provided in Section 1 above.
Any applicable account closure or related fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule on the WealthCare Portal).

Section 3: Signature

I certify that: (1) I am legally authorized to receive payment(s) from this HSA account, (2) that all information provided by me is true and accurate, (3) no tax advice has been given to me by WealthCare Saver*, or its affiliates, (4) all decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences and tax reporting requirements which may arise from this distribution and I agree that neither WealthCare Saver*, nor its affiliates, shall be held liable for any adverse consequences that may result. I understand that I may consult a tax professional or legal counsel. I acknowledge that I have read and understood the terms and conditions applicable to a distribution, as set forth in the Custodial Agreement provided when opening this HSA account.

_____ ____ / ____ / ____

SIGNATURE OF HSA ACCOUNT HOLDER DATE

*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian