

A ACCOUNT INFORMATION

Account Holder Name:

HSA Account No.:

Home Address:

City:

State:

Zip:

Telephone No.:

Social Security No.:

Date of Birth:

B METHOD OF DISTRIBUTION

Please select one:

- Total distribution of my entire account and close account.
- Partial distribution of \$ _____ (Tell us what to sell in "OTHER" if insufficient cash.)
- Excess contribution (Please complete Section D.)
- Re-register all assets in my name and send them to me along with the total cash balance in my account.
- OTHER: (e.g. name of asset, number of shares, tell us if the asset should be sold or re-registered, etc.)

Asset Name	No. Shares/Dollar Amt.	Sell or Re-Register
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(All distributions will be reported to the IRS on Form 1099-SA.)

C PAYMENT DELIVERY

Checks will be sent to you via U.S. Mail unless overnight delivery is requested.

- Mail a check to the home address of record. Overnight Delivery
- Mail a check to the following address (Signature Guarantee Required - Section E.) Overnight Delivery

Payee:

Address:

City:

State:

Zip:

- Wire funds - **Please complete banking information below.** (Signature Guarantee required - Section E.)

A \$25 wire fee applies. Please ensure the accuracy of your financial institution's wire instructions. If a wire is rejected due to the incorrect wire instructions, an additional \$25 will be charged.

Banking Information:

Bank Name:

Bank Address:

City:

State:

Zip:

ABA Routing No.:

Bank Account No.:

Name on Bank Account:

Please continue to page two to complete this form.



D EXCESS CONTRIBUTION

Excess contributions for: (Indicate year)

\$ **Excess Contribution Amount:** Must be withdrawn by IRS tax filing deadline, including extensions, and indicated on your tax return for the year the contribution was made.

\$ **Excess Earnings Removed:** Income earned on contribution must be included as "Other Income" on your tax return for the year the earnings are withdrawn.

Please apply the Excess Contribution Amount to /yr contribution.

Generally, you must pay a 6% excise tax on contributions. See IRS Form 5329 to figure the excise tax, if necessary.

E RECIPIENT'S ACKNOWLEDGEMENT AND SIGNATURE

Applicable fees are payable in accordance with the Custodial Agreement and will be deducted from the account unless you remit the amount due.

Please make the above-referenced distribution. I have consulted my tax advisor concerning the taxable effect of the requested distribution and agree to be fully responsible for the same.

[Signature Guarantee Stamp Here]

Account Holder Signature

Date:

(An original Signature Guarantee is required if funds are sent by wire, OR if funds are to be sent to an address other than the address of record, OR if the proceeds are to be sent to a beneficiary due to death. Forms received without the Signature Guarantee will be returned.)

A Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a Signature Guarantee.

Please return all forms to:
Millennium Trust Company
Attn: HSA Manager
820 Jorie Blvd Suite 420
Oak Brook IL 60523