



##37PNC#####

# HSA Close Account

Complete this form to close your HSA account. Prior to submitting this form, turn off auto-investments (if applicable), liquidate your investment balance and confirm all pending transactions have posted to your account. You may wish to review IRS Publication 969 found at [www.irs.gov/pub/irs-pdf/p969.pdf](http://www.irs.gov/pub/irs-pdf/p969.pdf).



**Fax completed form to:**  
855.588.1028



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



**Questions about this form?**  
800-499-3539  
8:30am-5:00pm EST

## Section 1: Account Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## Section 2: Disbursement Instructions Tran Code: 168 (Close Account Distribution)

Deposit funds electronically to the direct deposit bank account on file  
\*If no bank account on file, a check will be mailed

Mail check to the address above

## Section 3: Signature

I certify that I am legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by WealthCare Saver\* as Custodian, or its affiliates. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that neither WealthCare Saver as Custodian, 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 understand the terms and conditions applicable to a distribution, as set forth in the Custodial Agreement provided when opening this HSA account. I understand that any applicable fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule found on the Portal).

SIGNATURE OF HSA ACCOUNT HOLDER

DATE