



HSA Closeout Request

Complete this form to close your WealthCare Saver* Health Savings Account (HSA). **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



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
800-499-3539
M-F 8:30 AM to 5:00 PM Eastern

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)

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Deposit funds electronically to the direct deposit bank account on file

Please note: If no bank account on file, a check will be mailed

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Mail check to the address on my account

Section 3: Signature

I certify that I am legally authorized to receive payment(s) from this HSA 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. I understand that any applicable fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule found on the Portal).

LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)

_____/_____/_____
DATE