10275 W. Higgins Road, Suite 500
Rosemont, IL 60018
888-FLEXHSA - Phone
847-440-9063 - Fax
flexhsa@flexiblebenefit.com - Email
**www.flexhsa.com**

# DISTRIBUTION REQUEST FORM

## A ACCOUNT INFORMATION

FlexHSA Account #: _____ Account Holder's Name: _____

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* |
|---|---|---|
| | | |
| | | |
| | | |

(*All distributions will be reported to the IRS on Form 1099-SA.*)

## C PAYMENT DELIVERY

- ☐ Mail a check to the address of record. (A $5 fee will be deducted from your account.)
- ☐ ACH (Please include a copy of a voided check or deposit slip.)

Routing Number:_____ Account Number: _____

Bank Name: _____

## 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$_____ **Excess Contribution Amount**: Must be withdrawn by IRS tax filing deadline, including extensions, and indicated on your tax return for the year the contribution was made.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Income earned on contribution must be included as "Other Income" on your tax return for the year the earnings are withdrawn.

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

***Please continue to page two to complete this form.***

## 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.

Account Holder Signature: _____ Date: _____

**Please return all forms to:**
Flexible Benefit Service Corporation
10275 W Higgins Suite 500
Rosemont IL 60018
**Attn: FlexHSA Processing**