

# Health Savings Account (HSA) Withdrawal Request Form

This form must be completed, signed, and returned to Farm Bureau Bank to process an HSA withdrawal request. Fax and mailing information is on page two of the document.

## HSA OWNER'S INFORMATION

Name: \_\_\_\_\_

HSA Account Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## DISTRIBUTION OPTIONS

**Transfer Distribution**

Transfer to Another HSA

Receiving Bank \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Normal Distribution (Payout)**

Pay to Owner

Mail Check

Direct Deposit

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking Account  Savings Account

**Disability Distribution (Payout)**

Pay to Owner

Mail Check

Direct Deposit

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking Account  Savings Account

**Beneficiary Distribution (Must Complete *Beneficiary Recipient Information* Section)**

Due to Death (Include Death Certificate)

Date of Death \_\_\_\_\_

Will the distribution be taken the year of the death? Yes  No

If **yes**, who will be the beneficiary? Spouse  Other

If **no**, who will be the beneficiary? Spouse  Estate  Other

Due to Divorce Decree/Property Settlement (Include Decree of Settlement Documents)

**BENEFICIARY RECIPIENT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PAYMENT OPTIONS**

Full Distribution Amount

Partial Distribution Amount of \$ \_\_\_\_\_

**SIGNATURE**

I certify that I am the proper party to receive payment(s) from this Health Savings Account. All information furnished by me is true and accurate where I authorize this transaction. I understand the consequences of this distribution, and no tax advice has been given to me by the Trustee or Custodian. I assume full tax responsibility for this transaction.

\_\_\_\_\_  
HSA Owner or Beneficiary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Date

**FAX AND MAILING INFORMATION**

Farm Bureau Bank FSB  
P.O. Box 33427  
San Antonio, Texas 78265-3427

Fax Number: 866.913.5087

Please call us at 800.492.3276 if you have any questions or need additional information.

**FOR BANK USE ONLY**

Amount Requested \$ \_\_\_\_\_

Penalties/Charges \$ \_\_\_\_\_

Net Amount Paid \$ \_\_\_\_\_

Date of Distribution \_\_\_\_\_