

HSA Rollover Distribution

Complete this form to withdraw all funds and close your existing HSA account so that you can deposit those funds into your new HSA (i.e., rollover contribution). 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.



##37PNC#####



**Fax completed form and
current statement to:**
855.588.1028



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



Questions about this form?
Contact the number on the
back of your debit card

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 158 (Rollover Out)

☐ 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 the HSA account holder and legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by WealthCare Saver* as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this rollover distribution are my own. I assume full responsibility for this rollover distribution and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

I acknowledge that I have read and understand the terms and conditions applicable to a rollover 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. (Refer to the HSA Fee Schedule posted on the Portal).

SIGNATURE OF HSA ACCOUNT HOLDER

DATE