



Health Savings Account (HSA)

Account Closure Form

If you are wanting to close your UMB HSA and transfer the dollars to another custodian, you do NOT need to complete this form. Instead, you will need to complete the trustee transfer form required by your new HSA custodian.

UMB Health Savings Account Number (Enter your 17-digit number found on your HSA statement - if available)

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As owner of the Health Savings Account identified above, I hereby request that the custodian take the closure action selected below. I acknowledge that I took the necessary steps to liquidate any invested funds prior to sending this request and understand that my request will NOT be processed if any funds are still invested. Additionally, if my employer sends payroll contributions to this account, I acknowledge that I contacted my employer and requested those contributions be stopped.

Account Closure Request

I am requesting UMB Bank to close my HSA and, by signing below, I certify that this distribution is (select one):

- Made on account of my permanent disability. Dollars remaining in my account will be returned to me.
- A transfer to my former spouse pursuant to a divorce decree (a copy of the divorce decree is required). I understand that my ex-spouse must have established a UMB HSA for transfer to occur.
- Made as a result of no longer being covered by an HSA qualified plan. I understand that I can keep the HSA and continue to spend dollars from it for qualified medical expenses, but am electing to have the dollars remaining in my account returned to me as taxable income.
- Other: _____

I understand that UMB will report this distribution to the IRS in accordance with the type of distribution noted above. In making this Account Closure, I further understand that it is my sole responsibility to determine the tax consequences of such distribution, to properly report the distribution on my federal income tax returns and on Form 8889 for HSA, as well as on any state income tax returns, and to pay any taxes and penalties arising as a result of this distribution (see IRS Publication 969, *Health Savings Accounts and other Tax-Favored Health Plans*). I understand and acknowledge that any contributions received by UMB after account closing has occurred will not be processed and will be returned to the originating source. I understand that if I have dollars invested in mutual funds and the fund earned a dividend before I liquidated the mutual fund, but the dividend is paid after my account is closed, that UMB will send me a check for the amount of the dividend. **Applicable account closing fee or manual reimbursement fees will apply and will be deducted from the account prior to making the distribution. Please refer to your HSA Deposit Account Terms and Conditions for the amount of the applicable fee. Please allow 30 days processing time from the day UMB receives your form. If you have questions about your UMB HSA or how to fill out this form, please contact UMB Healthcare Services at 1-844-383-9826.**

ACCOUNT OWNER'S NAME (PLEASE PRINT)							
ADDRESS				CITY		STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	LAST 4 DIGITS OF SOCIAL	DATE OF BIRTH	EMAIL ADDRESS			
Signature of Account Owner X						Date	

Return completed form to: UMB Bank
PO Box 161238
Altamonte Springs, FL 32716

E-mail: hsasupport@myumbhsa.com
Fax: 844-560-6761