



Health Savings Account (HSA)

Withdrawal Form – Standard Disbursement or Excess Contributions

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

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As owner of the Health Savings Account as identified above, I hereby request that the custodian take the following action: (Please check one action below)

Standard Disbursement

I am requesting an HSA account withdrawal in the amount of \$ _____. By signing at the bottom of this form, I understand that UMB will report this distribution to the IRS as a normal distribution.

Excess Contribution Refund

I am requesting an HSA account withdrawal in the amount of \$ _____ for the Tax Year 20 _____. I am requesting to withdraw these funds due to contributions made to my account that placed me in excess contribution status. By signing this form, I understand that UMB will report this distribution to the IRS as an excess contribution. Funds contributed in excess of your contribution limit are subject to penalty and tax unless the excess and earnings are withdrawn by you prior to your tax filing due date, including any extensions, for filing your Federal Income Tax return. You should consult a qualified tax advisor in connection with your excess contribution removal.

I would like my distribution to be in the following form (Please select one box below):

Check Direct Deposit - Requires accountholder's bank account to be set up in the Wealthcare portal.
If bank account is not available, disbursement will default to a check.

Note: The IRS requires UMB to report withdrawals that are considered refunds of excess contributions. In order for the withdrawal to be accurately reported, you may not withdraw the excess directly. Instead, you must request an excess contributions refund by faxing or mailing this signed and completed form to UMB, using the address or fax number listed below.

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 return 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*).

ACCOUNT OWNER'S NAME (PLEASE PRINT)			
ADDRESS		CITY	STATE ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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

Please note: If a Check is selected as the reimbursement method, a \$15 fee will apply and will be deducted from your health savings account (HSA) prior to making the distribution. This fee could change at any time without notice. There must be sufficient funds in your account to cover the processing fee and reimbursement.