



##37PNC#####

# HSA Withdrawal

Please complete this form to withdraw funds from your HSA account. You may wish to review IRS Publication 969 found at [www.irs.gov/pub/irs-pdf/p969.pdf](http://www.irs.gov/pub/irs-pdf/p969.pdf).



**Fax completed form to:**  
855.588.1028



**Mail completed form 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: Withdrawal/Disbursement Instructions (Tran Code 161 - Withdrawal)

Please indicate the amount you would like to withdraw from your HSA account and whether you would like the funds distributed to you as a check or via ACH transfer. If you select an ACH transfer, please additionally indicate you would like to use the checking or savings account on record..

\$ \_\_\_\_\_  
WITHDRAWAL AMOUNT

Check

Deposit funds electronically to the direct deposit account on file. If no bank account on file, a check will be mailed.

**Note:** A check will be mailed to the account on record

## 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 distribution are my own. I assume full responsibility for this 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 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 on the Portal).

\_\_\_\_\_  
SIGNATURE OF HSA ACCOUNT HOLDER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE