



HSA WITHDRAWAL AUTHORIZATION

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

PART 1. HSA OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number: (###-##-####)	Date of Birth: (MM/DD/YYYY)	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone:	Type:	Alt Phone:	Type:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2. BENEFICIARY OR FORMER SPOUSE INFORMATION

First Name:	M.I.:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number: (###-##-####)	Date of Birth: (MM/DD/YYYY)	Beneficiary Type: (Select One)
<input type="text"/>	<input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Estate <input type="radio"/> Other

Primary Phone:	Type:	Alt Phone:	Type:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 3. WITHDRAWAL INFORMATION

Total Withdrawal Amount: \$

Withdrawal Date: (MM/DD/YYYY)

Withdrawal Reason (Select One)

Transfer to another HSA

Normal Withdrawal

Disability

Prohibited Transaction

Excess Contribution Removed Before the Excess Removal Deadline

Net Income Attributable to Excess

Excess Contribution Removed After the Excess Removal Deadline

Death Withdrawal by a Beneficiary Taken in the Year of Death

Death Withdrawal by a Beneficiary Taken After the Year of Death

PART 4. WITHDRAWAL INSTRUCTIONS

Asset Handling

Asset Description:

Asset Amount:

Special Instruction:

1.

2.

3.

PART 5. PAYMENT METHOD

Option 1. Check *(If the withdrawal reason is a transfer to another HSA, the check must be made payable to the receiving organization.)*

Send check via: Regular Mail Overnight Mail (\$50.00) Cashier's Check + Overnight Mail (\$50.00)

Payee Name:

Payee Tax ID #:

Payee Address:

City:

State:

Zip:

Option 2. Internal Account

Account #:

Type:

Checking

Savings

Option 3. Direct Deposit

Bank Name:

Phone:

Check here if separate funding instructions or additional information is attached.

Payee Name: *(On bank account)*

Payee Tax ID #:

Type:

Checking

Savings

Bank Account #:

ABA (Routing) #:

PART 6. AGREEMENT & AUTHORIZATION

I certify that I am authorized to receive payments from this HSA and that all information provided by me is true and accurate. No tax advice has been given to me by the trustee or custodian. All decisions regarding this withdrawal are my own, and I expressly assume responsibility for any consequences that may arise from this withdrawal. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this withdrawal authorization.

Signature of Recipient

Print Name:

Date: *(MM/DD/YYYY)*

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REPORTING INFORMATION APPLICABLE TO HSA WITHDRAWALS

You must supply all requested information for the withdrawal so the trustee or custodian can properly report the withdrawal.

If you have any questions regarding a withdrawal, please consult a competent tax professional or refer to IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAXFORM.

WITHDRAWAL REASON

HSA assets can be withdrawn at any time. Most HSA withdrawals are reported to the IRS. IRS rules specify the distribution code that must be used to report each withdrawal on IRS Form 1099-SA, Distributions From an HSA, Archer MSA, or Medicare Advantage MSA.

Transfer to Another HSA. Transfers are not reported on Form 1099-SA. Transfers may be made by an HSA owner or former spouse under a transfer due to a divorce

Normal Withdrawal. Normal withdrawals are reported on Form 1099-SA using code 1. Also use code 1 if no other code applies to the withdrawal

Disability. Disability withdrawals are reported on Form 1099-SA using code 3.

Prohibited Transaction. Prohibited transactions as defined in Internal Revenue Code Section 4975(c) are reported on Form 1099-SA using code 5.

Excess Contribution Removal. Excess contributions removed before the excess removal deadline (your tax filing deadline, including extensions) must include the net income attributable to the excess. A removal of an excess contribution is reported on Form 1099-SA using code 2.

Death Withdrawal by a Beneficiary Taken in the Year of Death. If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year of death, the Form 1099-SA reporting code depends on the type of beneficiary

- If the beneficiary is a spouse, the withdrawal is reported on Form 1099-SA using code 1.
- If the beneficiary is an estate or other, the withdrawal is reported on Form 1099-SA using code 4

Death Withdrawal by a Beneficiary Taken After the Year of Death. If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year after the year of death, the Form 1099-SA reporting code depends on the type of beneficiary

- If the beneficiary is a spouse, the withdrawal is reported on Form 1099-SA using code 1.
- If the beneficiary is an estate, the withdrawal is reported on Form 1099-SA using code 4.
- If the beneficiary is other, the withdrawal is reported on Form 1099-SA using code 6.