

Use this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary. Complete all sections of this form, attach a notarized copy of the death certificate and mail to Flyte HCM, PO Box 3260, Burnsville, MN 55337. If you have any questions, please email claims@flytehcm.com or call 952.746.0000.

Accountholder Information *(Beneficiary to complete this section with HSA Accountholder information)*

First Name _____ MI _____ Last Name _____ Social Security Number *(required)* _____

Beneficiary Information *(Beneficiary to complete this section with their information)*

Please Select Beneficiary Type: Spouse Non-Spouse Estate - A copy of the Letter Testamentary is required to validate executorship.

First Name _____ MI _____ Last Name _____ Date of Birth _____ Social Security Number _____

Email Address _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address (PO Box, Apartment, Lot or Unit No.) _____ City _____ State _____ Zip Code _____

Driver's License Number _____ Telephone Number _____

Processing Option *(choose one)*

- I am the spouse and I am requesting the account to remain an HSA account.** By choosing this option, I am requesting that a new Health Savings Account be opened in my name. I will receive an HSA Enrollment Form to be completed and signed in order to finalize the account. After the setup is complete, the funds remaining in my spouse's account will be transferred to my new account.
- I am the spouse and I am requesting payout and closing of my spouse's HSA account.** Amounts distributed will generally be included in my gross income, except for any amount used to pay for medical expenses I incur before the distribution date or medical expenses that were incurred by my spouse before death (and paid by me within one year after the date of death).
- I am a non-spouse beneficiary requesting payout.** I am required to include the funds received in my gross income, except for any amount used to pay for medical expenses incurred by the HSA Accountholder (and paid by me within one year of the HSA Accountholder's death).
- I am the executor of the Estate of the Decedent.** If there is no designated beneficiary, the entire amount of the HSA shall be paid to the estate of the deceased and included on the decedent's final income tax return.

Rules & Conditions

Checks will be issued and mailed to the address provided above. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies any person to whom funds are being distributed prior to completing the distribution. If the Health Savings Account consists of mutual funds, these funds will be liquidated and transferred/distributed as cash. Flyte HCM and Healthcare Bank, a division of Bell Bank reserve the right to complete this liquidation at such time that is reasonable upon receipt and verification of this form.

Due to the important tax consequences relating to the death of an HSA Accountholder, I have been advised to see a tax professional. State tax laws may vary, and I agree that neither Flyte HCM nor Healthcare Bank makes any representation as to the tax effect of this distribution under state or federal law. The information provided is in general terms only to provide some information relating to the tax consequences of a decedent's HSA account. Information provided by me is true and correct and may be relied upon by Flyte HCM and Healthcare Bank. I assume full responsibility for this transaction and will not hold Flyte HCM or Healthcare Bank liable for any adverse consequences that may result. I am the individual authorized to execute this transaction. I have read and understand the instructions, rules and conditions relating to this transaction.

Signature of Beneficiary *Please be advised - unsigned forms cannot be processed.* _____ Date _____