



**Address for Return Mail:**  
 Bank of Ann Arbor  
 HSA Processing  
 801 W. Ellsworth Rd.  
 Ann Arbor, MI 48108

734-662-1600 \* Fax 734-662-1059 \* Website: boaa.com

## HSA WITHDRAWAL/CONTRIBUTION FORM

### HSA ACCOUNT HOLDER'S NAME AND ADDRESS

Name		Address	
City	State	Zip Code	

### WITHDRAWAL INFORMATION

Distribution Reason:

Normal       Excess Contribution Removal  
 Death       Prohibited Transaction  
 Disability

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Will this withdrawal close the account?

Yes  
 No

### CONTRIBUTION INFORMATION

Year of Contribution: \_\_\_\_\_

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Contribution source:

Employee  
 Employer  
 Repay Mistaken Distribution

Account Number	Amount \$
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I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature (for withdrawal only)

FOR BANK USE ONLY

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(Authorized Signature of Custodian-Date)

## BANK OF ANN ARBOR

<p style="text-align: center;"><b>WITHDRAWALS</b></p> <p>After your transaction is completed, a check will be mailed to you for the amount of the withdrawal. For additional Withdrawal Forms, please call: 734-662-1600 during business hours. Complete the form above and mail or fax it to: 734-662-1059</p> <p><b>Bank of Ann Arbor        HSA Processing        801 W. Ellsworth Rd.        Ann Arbor, MI 48108</b></p>	<p style="text-align: center;"><b>CONTRIBUTIONS</b></p> <p>After your transaction is completed, you can review your transaction in any of the following ways: via your monthly statement or internet banking. Complete the form above and return it with your contribution to:</p> <p><b>Bank of Ann Arbor        HSA Processing        801 W. Ellsworth Rd.        Ann Arbor, MI 48108</b></p>
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### GENERAL TERMS AND CONDITIONS Rules and Conditions Applicable to Withdrawal

**Distribution Reasons:**

Normal Distributions for any reason other than removal of an excess contribution, death, disability or a prohibited transaction are deemed Normal Distributions. Normal Distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax. Excess Contribution Removal: If you have made an excess contribution to your HSA, you must generally take the appropriate steps to remove the contribution. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties.

Disabilities: You may take a distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax.

Death: If you are requesting a distribution as a beneficiary, you must furnish to the Trustee, Custodian or issuer, an original death certificate to verify your entitlement to receive the distribution. This verification should be used by surviving spouse beneficiaries claiming ownership of an HSA. Death distributions to non-spouse beneficiaries are generally includable in ordinary income.

Prohibited Transactions: If you have performed a prohibited transaction as defined in IRC Sec. 487SC, you may be subject to an IRS penalty. If the prohibited transaction is not corrected timely, an additional penalty may be imposed. If proceeds from closed HSA will be used for non-qualified or non-medical expenses in which case a 15% IRS penalty will apply.

Closing Account: Your remaining HSA Balance, less \$25 account closing fee (if closed within 90 days of opening), will be mailed to you.