

## Health Savings Account (HSA) HSA Deceased Distribution Form

Use this form to authorize UMB Bank, n.a., ("UMB") to distribute assets from a decedent's HSA directly to you as the claimant.

### HSA Account Owner (To be completed by beneficiary or representative of HSA account owner's estate)

DECEDENT FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER
HSA ACCOUNT NUMBER			DATE OF DEATH - MM/DD/YYYY

### Claimant Information

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER
EMAIL	DATE OF BIRTH - MM/DD/YYYY		PHONE <input type="checkbox"/> CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME <input type="checkbox"/> OTHER
ADDRESS	CITY	STATE	ZIP

### Processing Option (Check only one option and sign below.)

I am the surviving spouse beneficiary and I am requesting payout of my husband's/wife's HSA in the manner indicated.

I am a non-spouse claimant and I am requesting payout of the HSA account as follows:  
\_\_\_\_\_

I am the executor, personal representative, or administrator of the Decedent's estate, and request payout as directed on the estate documentation.  
**Note:** A certified copy of Letters Testamentary, Letters of Administration, or other probate court document/affidavit along with proof of tax ID number for the estate (if applicable) is required.

I represent and warrant that all of the information (including the request in the applicable processing option selected) above is true and correct, and may be relied upon by UMB, and that I have full authority to provide such request and to receive the balance of the HSA or a transfer of the HSA. I agree to indemnify UMB for any losses or expenses that UMB may incur or pay in connection with any claims brought against it by any third party asserting that any person or entity other than me is entitled to any portion of the balance of the HSA, or that the instructions given by me above are not authorized or valid. With the exception of a direct transfer to another HSA, any mutual funds in the HSA through the UMB HSA investment account, will be liquidated and transferred/distributed as cash. I acknowledge that the death of an HSA account owner may have important tax consequences, that I have been advised to see a tax professional, and that UMB has not provided any advice or information as to the tax effect of the distribution requested above. I specifically agree that UMB shall have no responsibility for any tax consequences. By signing here, I acknowledge that I have read and understood the options set forth above, and I hereby agree to all of the above.

After completion of this Request in a manner acceptable to UMB, funds will be issued in the manner indicated on this below:

### Method of Payment (choose one):

Send the funds by check.

I am a surviving spouse and I am requesting the funds be transferred to an HSA in my name.\*  
**Note:** You must be the designated beneficiary on UMB's files prior to the account owner's death and have an established HSA with UMB in order to have the funds transferred to an HSA.

**Account Owner Name:** \_\_\_\_\_ **HSA Number (required):** 98

Please note that a physical signature is needed since electronic signatures are not accepted.

CLAIMANT <b>Signature</b>	X	Date
EXECUTOR, PERSONAL REP OR ADMINISTRATOR OF DECEDENT'S ESTATE <b>Signature</b>	X	ESTATE TAX ID NUMBER

Health Savings Account (HSA)

## HSA Deceased Distribution Form

If payout is over \$7,500 we may request you to send the original death certificate via mail. Please send completed form with a certified copy of the death certificate, copy of the Claimant's U.S. driver's license or state-issued ID, and social security card to:

**Return completed form to: UMB Bank, n.a.  
Mailstop 1020502 - HSA Ops  
P.O. Box 419226  
Kansas City, MO 64141-6226**

**Or e-mail scanned document to: [hsaadministration@umb.com](mailto:hsaadministration@umb.com)**

\*UMB complies with Section 326 of the USA PATRIOT Act. Federal law requires financial institutions to collect identifying information, verify that customers are who they say they are, and maintain records of the information used to identify any person to whom funds are being distributed prior to completing the distribution.

**Important Information**

This Health Savings Account (HSA) is a custody account with UMB serving as the custodian. Terms and conditions of the HSA are included in the account owner's HSA application and agreement. UMB deposit products held in the HSA are FDIC insured, subject to FDIC insurance limits.

Investments in mutual funds held in a HSA Investment Account are:

**Not FDIC-Insured | May Lose Value | No Bank Guarantee**

Past returns of investment products do not guarantee future results. Mutual fund prospectuses provide detailed information about fund investment objectives and fees. Read a mutual fund's current prospectus carefully before investing. UMB does not provide legal, tax, or investment advice to HSA account holders. Contact a qualified accountant or attorney to address tax or legal questions.