



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's First Name		MI	Last Name	
HSA Account Number		Social Security Number		Date of Death

Claimant Information

First Name		MI	Last Name		Social Security Number	
Address			Phone Number		Date of Birth	

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 be sent to me at the address above.

I am a non-spouse beneficiary 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 is required.

I am the surviving spouse beneficiary and I am requesting the account 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.

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 (including attorney fees, defense costs and sums paid in settlement or in satisfaction of a judgment or claim) 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.

Claimant's Signature

Date

Executor, Personal Rep OR Administrator of Decedent's Estate Signature

Estate Tax ID Number



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After completion of this Request in a manner acceptable to UMB, a check will be issued and mailed to the address provided in the claimant information section above. Applicable account closing fee or manual reimbursement fees will apply and will be deducted from the account prior to making the distribution. Please refer to your HSA Deposit Account Terms and Conditions for the amount of the applicable fee. Please allow 30 days processing time from the day UMB receives your form. If you have questions about your UMB HSA or how to fill out this form, please contact UMB Healthcare Services at 1-844-383-9826. Please mail completed form with a certified copy of the death certificate and a copy of the Claimant's U.S. driver's license or state-issued ID to:

**Return completed form to: UMB Bank
PO Box 161238
Attn: Bank Operations
Altamonte Springs, FL 32716**

*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 accountholders. Contact a qualified accountant or attorney to address tax or legal questions.