



##37PNC#####

HSA Death Distribution

Please complete 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 and attach a notarized copy of the death certificate. If beneficiary is an estate, a copy of the Letter Testamentary is required to validate executorship.



Fax completed form to:
855.588.1028



Mail completed form to:
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
Contact your Member Advocate
Team number located on the back
of the Member ID Card

Section 1: Current account holder Information (beneficiary completes this section with HSA account holder information.)

ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Beneficiary Information (beneficiary completes this section with his/her information.)

LAST NAME

FIRST NAME

MIDDLE INITIAL

TELEPHONE NUMBER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Complete Next Page ➤

Section 3: Processing option (please choose only one)

☐

Transfer to Existing HSA Account (Spouse): I am requesting that HSA funds remaining in the decedent's account be transferred to my existing HSA account.

☐

Request Payout (Estate): 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.

☐

Request Payout (Non-Spouse): I am a non-spousal 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 Account Holder (and paid by me within one year of the Account Holder's death).

☐

Request Payout (Spouse): I am the spouse and I am requesting payout and closing of my husband's/wife'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).

Section 4: Withdrawal/Transfer Details

Please indicate the amount you would like to withdraw from your HSA account and whether you would like the funds distributed to you as a check or via ACH transfer. If you select an ACH transfer, please additionally indicate if you would like to use the checking or savings account on record or a separate bank account.

\$ _____
WITHDRAWAL AMOUNT

☐ CHECK

☐ ACH TRANSFER

ACH Transfer Details (please complete if ACH transfer was selected)

☐

Transfer amount to checking or savings account on record

☐

Transfer amount to the account below

CONSUMER BANK NAME

CONSUMER ROUTING & TRANSIT NUMBER

CONSUMER ACCOUNT NUMBER

Section 5: Rules, Conditions and Signature

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 HSA consists of mutual funds, these funds will be liquidated and transferred/distributed as cash. PNC Bank as Custodian reserves 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 Account Holder, I understand that I may wish to contact a tax professional or legal counsel. State tax laws may vary and I understand that neither PNC Bank as Custodian, nor its affiliates make 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 PNC Bank as Custodian. I assume full responsibility for this transaction and will not hold PNC Bank as Custodian, or its affiliates liable for any adverse consequences that may result. **I have read and understand the instructions, rules, and conditions relating to this transaction and I certify that I am the individual authorized to execute this transaction.**

SIGNATURE OF HSA BENEFICIARY

_____/_____/_____
DATE