

# HSA Beneficiary Distribution Request



Account Number \_\_\_\_\_

## SECTION 1: Beneficiary and Decedent Information

### A. Beneficiary

Select beneficiary type:  Spouse  Estate  Other

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Social Security Number Beneficial Portion (%)

\_\_\_\_\_  
Mailing Address 1 Mailing Address 2

\_\_\_\_\_  
City State Zip Code

### B. Deceased Account Owner

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy) Last Four Digits of Social Security Number

## SECTION 2: Reason for Distribution – Select One

This information must be completed for IRS reporting purposes.

- Death, transfer to surviving spouse’s HSA
- Death, taken in the year of death (for non-spouse beneficiary)
- Death, taken after the year of death (for non-spouse beneficiary)

## SECTION 3: Distribution Amount

**IMPORTANT:** To liquidate assets for a full or partial cash distribution, contact the Investment Advisor on the account to initiate any asset liquidations required. If the Investment Advisor needs to liquidate assets to cover the requested cash, the distribution will not be processed until the settlement date for the liquidations.

### A. Full Distribution Instructions, if applicable – Select one:

- Full cash distribution. Distribute my entire account balance and close this account.
- Full in-kind distribution. Distribute all cash and security balances in-kind and close this account.

### B. Partial Distribution Instructions, if applicable – Select one:

- Gross distribution amount \$ \_\_\_\_\_ Note: include earnings, if applicable
- Partial in-kind. Enter share information.

_____ Number of shares	_____ Security Description/Symbol	_____ Number of shares	_____ Security Description/Symbol
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Additional security shares information attached

**SECTION 4: Delivery Method****IMPORTANT INFORMATION:**

- **Delivery Method:** Select one of the following delivery methods and complete all appropriate fields.
- **Delivery Method left blank:** If no payment instructions are provided, Axos Advisor Services will default to sending a check to the address in Section 1a.
- **Transaction Fees:** Funds sent via check or via overnight check may be subject to a fee, which would be deducted from your account balance. The Investment Advisor on the account can provide you with fee information regarding this transaction.

- By electronic transfer.** Note: Allow 1-2 business days for delivery from the processed date for ACH, and the same or next business day for wires. If electronic transfer is selected and ACH or wire is not selected, we will default to ACH checking account. For an ACH, if checking or savings account is not selected, we will default to checking account.

Select one:  By ACH       By Wire (fee may apply)

Select one:  Checking Account     Savings Account

Select one:  Voided check provided     Bank on file       Bank information provided below:

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
ABA (Routing) Number

\_\_\_\_\_  
Account Number

- By check and/or in-kind delivery.** Note: allow 10 Business days for check delivery. If no payment or mailing instructions are provided, the address of record will be used as default instructions.

Select if applicable:

- Send check via overnight delivery (not available for a P.O. box address).

- Transfer internally to an eligible Axos Advisor Services account.** Move the requested cash and securities specified in Section 4 into my account listed below. Note: If the receiving account is not an existing account, include the appropriate Axos Advisor Services account application.

Select one  Existing Account       New Account

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Title

- Transfer to an eligible account at another institution.** Move the requested cash and securities specified in Section 4 into my account listed below:

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Account Title

\_\_\_\_\_  
For the Benefit Of (FBO) if applicable

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

**SECTION 5: Signature**

By signing this form, you certify that you are the proper party to receive or direct payment(s) from this HSA and that all information provided is true and accurate. You further certify that no tax advice has been given by Axos Advisor Services. All decisions regarding this withdrawal or distribution are your own. You expressly assume responsibility of any adverse consequences which may arise from the withdrawal or distribution, including any taxes, interest and penalties that may be imposed by the relevant government authority as a result of the withdrawal or distribution, and you agree that Axos Advisor Services shall in no way be held responsible. You maintain all responsibility in monitoring these distributions to ensure that funds are available to be transferred and are received as requested.

You acknowledge that the origination of ACH transactions to your account must comply with applicable law, and that in the event an ACH entry is incorrect, Axos Advisor Services reserves the right to submit correcting entries.

You agree to indemnify and hold harmless Axos Advisor Services, its successors and assigns, its affiliates, and its and their directors, officers, employees, and agents (each an "Indemnified Party") from and against any losses, claims, liabilities, damages, actions, charges, costs, and expenses including attorneys' fees, and to pay any Indemnified Party's defense costs and expenses resulting from, in connection with, or incident to, your instructions, authorizations, representations, selections, or other statements or information provided herein.

**x**

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<b>Beneficiary or Authorized Representative Signature</b>	<b>Print Name</b>	<b>Date</b>
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**END OF FORM**

## GENERAL INSTRUCTIONS

Use these instructions to complete the Health Savings Account Beneficiary Distribution Form.

### Purpose of this form

This form is required to request a one-time distribution from a deceased owner's Health Savings Account. *Only one set of instructions should be submitted on this form.*

Documentation must be submitted, including a death certificate, before a death distribution can be processed. Please note that beneficiary designations must be on file with the custodian prior to the date of death in order to be recognized. Beneficiary designations submitted after the date of death will not be accepted. If no beneficiary designation is on file at the time of death, the distribution will be paid to the estate. Additional documentation may be required depending on the circumstances of the distribution.

**IMPORTANT:** Applicable distribution fees will be deducted from the account balance. For information on distribution fees for this request, contact the Investment Advisor on the account.

**IMPORTANT:** This form cannot be used to transfer assets from your Axos Advisor Services Health Savings Account in your name to another Health Savings Account in your name at another trustee or custodian. Use the new custodian's transfer form to complete that type of transaction.

- **You must complete all required fields, unless designated as 'if applicable'.** 'If applicable' indicates the section or entry is required only if certain conditions apply. These conditions are outlined in detail in these instructions.
- **To expedite processing and to avoid requests for additional information, provide all required additional forms and documentation as detailed in these instructions.**
- **Print or type all entries.** Print clearly in all CAPITAL LETTERS to complete this form. To complete the form online or electronically, use the fillable PDFs available through Liberty and at <https://www.axosadvisorservices.com/Forms-and-Applications/>.

## SECTION 1: Beneficiary and Decedent Information

**A. Beneficiary:** Enter beneficiary information. Provide beneficiary portion in percent and beneficiary type – spouse, estate or other. For new accounts, enter the account name exactly as it is written on the application form

**B. Deceased Account Owner:** Enter the deceased account owner information.

## SECTION 2: Reason for Distribution

This information is required for IRS reporting purposes. It is your responsibility to pay all taxes, interest and penalties that may be imposed by the relevant governmental authority. Please consult your tax advisor or the IRS to determine the requirements for any of the listed distribution types. In most situations, Axos Advisor Services is required to issue Form 1099-SA for distributions from your Health Savings Account.

*Note: For additional information on approved reasons for distributions and their tax consequences, consult your tax advisor.*

Select one of the following distribution reasons:

**Death, transfer to surviving spouse's HSA.** HSA needs to be established before requesting a distribution.

**Death Withdrawal by a non-spouse Beneficiary Taken in the Year of Death.** If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year of death.

**Death Withdrawal by a non-spouse Beneficiary Taken After the Year of Death.** If the financial organization is notified of the HSA owner's death and the withdrawal is made to the beneficiary in a year after the year of death.

## SECTION 3: Distribution Amount

Complete either the full distribution instructions in Section 3A or the partial distribution instructions in Section 3B.

**Liquidate assets for cash distribution.** To liquidate assets, contact the Investment Advisor to initiate any liquidations required.

### A. Full Distributions Instructions, if applicable

For full distributions, select the full cash distribution or the full in-kind distribution checkbox. Note: Distributions requiring the liquidation of assets will be processed after all liquidating trades have settled.

### B. Partial Distribution Instructions, if applicable

Select one of the options and provide the amount

- **Gross cash amount.** This gross cash amount of the partial distribution including earnings, if applicable.
- **Partial security shares in-kind.** Provide the number of shares and the security description and symbol, if available. *Note: The value of the distribution, including securities, is determined as of the closing price on the business date the distribution is issued. Certificates of deposit, treasuries, and some mutual funds and securities cannot be delivered in certificate form.*

**More than two securities.** For a partial distribution, if there are more than two securities being requested, list the information for the additional securities on a separate piece of paper and check the 'Additional security shares information attached' checkbox at the end of the section.

#### SECTION 4: Delivery Method

Select the appropriate delivery method.

**IMPORTANT:** Funds sent via check, via overnight check, or by wire, may be subject to a fee, which will be deducted from your account balance. The Investment Advisor can provide you with fee information regarding these transactions.

Cash and in-kind instructions. For the cash portion of the distribution, select either the "By electronic transfer" box or the "By Check" box. The In-kind portion will use the delivery instructions provided in Section 4 (in-kind delivery, transfer internally or transfer to another institution).

- **By electronic transfer:**

Select the type of electronic transfer and provide the bank information below.

- If you select either Checking Account or Savings Account, enter your banking information.
- If you select the Voided Check Provided box, provide a blank check with this form.
- If electronic transfer is selected and ACH or wire is not, we will default to ACH checking account.
- For an ACH, if checking or savings account is not selected, we will default to checking account.

Note: Allow 1-2 business days for delivery from processed date for ACH, and the same or next business day for wires.

- **By check and/or in-kind delivery:**

For the cash portion of the distribution, select either the "By electronic transfer" box or the "By check and/or in-kind delivery" box. Select the box requesting a check to be sent overnight, otherwise a check will be sent by regular mail. Allow 10 business days for delivery of mailed checks.

Note: For in-kind delivery, contact the Investment Advisor for information regarding any re-registration fees. Allow four to six weeks for security certificates.

- **Transfer internally to an eligible Axos Advisor Services account:**

This method transfers cash and/or securities to another account in your name at Axos Advisor Services. Check the box indicating if it is a new or existing Axos Advisor Services account. For existing accounts, provide the Axos Advisor Services account number and account title. For new accounts, enter the account type and attach the appropriate Axos Advisor Services account application to this form.

- **Transfer to an eligible account at another institution:**

This method transfers cash and/or securities to another account in your name at another institution. Provide the institution name, account title, For the Benefit of (FBO) if applicable, account number, and complete mailing address.

#### SECTION 5: Beneficiary Signature

Sign and date the form.

**Return your completed form as instructed by the Investment Advisor or your client representative. Questions regarding this form should be directed to the Investment Advisor on the account.**