

# HSA One-Time Distribution Request



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

## SECTION 1: Account Owner

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	
Date of Birth (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.

**IMPORTANT:** Axos does not pay healthcare providers directly from your HSA. You must pay providers yourself and then submit requests for reimbursement for qualified medical expenses. You are responsible for ensuring expenses meet IRS rules.

- Normal Withdrawal**
- Disability.** By checking this box, I certify that this distribution meets all the disability requirements of the IRS
- Prohibited transaction** as defined in Internal Revenue Code
- Excess contribution removed before excess removal deadline.** Earnings attributable to excess \$ \_\_\_\_\_
- Excess contribution removed after excess removal deadline**
- Transfer to another HSA.** Transfers may be made by an HSA owner or due to a divorce settlement.
- Divorce.** Note, both you and your former spouse must sign Section 7.

## SECTION 3: Distribution

**IMPORTANT:** To liquidate assets for a full or partial cash distribution, contact your Investment Advisor to initiate any asset liquidations required. If your 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.** Confirm that my Investment Advisor has liquidated all assets in my account, send the total balance of my entire account; and close my account.
- Full in-kind distribution.** Distribute all cash and security balances in-kind and close my account.

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

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

_____	_____	_____	_____
Number of shares	Security Description/Symbol	Number of shares	Security Description/Symbol

- Additional security shares information attached

Note: The value of a securities distribution 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.

**SECTION 4: Delivery Method**

**IMPORTANT INFORMATION:**

- **Delivery Method left blank:** If no delivery method is selected, Axos Advisor Services will default to send check to address of record.
- **Transaction Fees:** Funds sent via check or via overnight check may be subject to a fee, which would be deducted from your account balance. Your Investment Advisor can provide you with fee information regarding this transaction.
- **Cash and in-kind instructions:** For the cash portion of the distribution, select either "By electronic transfer" box or the "By Check and/or in-kind delivery box."

Select all that apply:

**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

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).

Select one:

By check/in-kind transfer to account owner at the address of record

By check/in-kind to account owner at the address below

By check/in-kind to the alternate payee at the address below.

\_\_\_\_\_  
Payable To

\_\_\_\_\_  
For the Benefit of (FBO), if applicable

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

**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



## GENERAL INSTRUCTIONS

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

### Purpose of this form

This form is required to request a one-time distribution from a Health Savings Account by ACH, check, wire, internal transfer to another Axos Advisor Services account, or distribution of securities. *Note: Only one set of instructions should be submitted on this form.*

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

**IMPORTANT:** This form cannot be used to transfer assets from your Axos Advisor Services Health Services 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 this 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: Account Owner

Enter the account owner information exactly as it appears on your Axos Advisor Services Account. For new accounts, enter the account name exactly as it is written on the application form.

## 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.*

**IMPORTANT:** Axos does not pay healthcare providers directly from your HSA. You must pay providers yourself and then submit requests for reimbursement for qualified medical expenses. You are responsible for ensuring expenses meet IRS rules.

Select one of the following distribution reasons:

**Normal Withdrawal.** Normal distribution to account holder.

**Disability.** Under Internal Revenue Code an individual is deemed to be disabled if "he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long- continued and indefinite duration." *Note: The Social Security definition of disability does not apply here. Proof of disability may be required by the IRS.*

**Prohibited Transaction.** Prohibited transactions as defined in Internal Revenue Code Section 4975(c).

**Excess Contribution Removal.** Excess contributions removed before the excess removal deadline (your tax filing deadline, including extensions) must include the net income attributable to the excess (earnings).

## SECTION 3: Distribution Amount

Complete either the full distribution instructions in Section 4A or the partial distribution instructions in Section 4B.

**Liquidate assets for cash distribution.** To liquidate assets, contact your 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 securities 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. Your 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 5 (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. Select the appropriate box to indicate where the check is to be sent. If applicable, enter the alternate payee and delivery information. Allow 10 business days for delivery of mailed checks.

Note: For in-kind delivery, contact your 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 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 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: Former Spouse, if applicable

This section should only be completed by a former spouse taking a withdrawal as a result of a court-approved property settlement due to divorce or legal separation.

## SECTION 6: Account Owner Signature

Sign and date the form.

## SECTION 7: Divorce Certification, if applicable

Both you and your former spouse must sign and date the form. Do not send a copy of the divorce decree. Questions regarding this form should be directed to your Investment Advisor.

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