

HSA Closure Form

EMAIL, FAX or MAIL COMPLETED FORMS TO:

Email: hsaoperations@motivhealth.com Fax: 844.533.1289

Mail: MotivHealth, Attention: HSA Operations

Authorization for Account Closure

To authorize MotivHealth to close your health savings account (HSA), complete this form. **A closure fee of up to \$25.00 may apply.** Please contact MotivHealth at 844.234.4472 to determine the exact fee. **In order to allow for all transactions to settle, your account will be frozen for a period of at least five (5) business days prior to its being closed.** Please note that if you choose to receive a check for any remaining funds mailed to you, allow 7 to 10 business days after the end of the freeze period to receive your check.

The funds you receive from an HSA must be deposited into another HSA or used for qualified medical expenses within 60 days after you receive them to avoid taxes and penalties. There are generally no exceptions to the 60-day rule and the IRS will not grant extensions. Receipt generally means the day you actually have the funds in hand.

Note: You must liquidate all investments before your HSA can be closed. MotivHealth does not automatically liquidate investments on your behalf.

Primary Account Holder Information

Last name	First name	M.I.	
Street address	City	State	ZIP
Email address (required)	Daytime phone ()	Last 4 of SSN or MotivHealth ID number (6 or 7 digits)	

Reason for account closure

Note: If this closure is due to the death of the account holder, please attach a copy of the death certificate.

Closure Method

Please close my MotivHealth HSA. I understand that the remaining balance, less applicable closure fees, will be mailed to the address on file. Signature required below.

Send via EFT to bank account on file (EFT not available for closure due to death)

Financial institution: _____

Routing number: _____ Account number: _____

Send via check (funds will be mailed to address on file)

Form must be accompanied by a copy of a voided or an actual check.

Your Name
123 Main Street
Any Town, USA 54321 1234 98-123-14359

Pay to the order of \$ _____ Dollars

Your Financial Institution
400 Countrywide Way
Sunny Valley, CA 95065

For
2 2000 78 90 0123456789 # 1234

Routing Number Account Number Check Number
(Do not include)

Transfer to another HSA custodian

Please close my MotivHealth HSA. I am requesting that the remaining balance, less applicable closure fees, be sent via check to the HSA custodian below with whom I have an account. EFT transfer is not supported on a transfer to another custodian. Signature required below.

Institution Name	Account number		
Street address	City	State	ZIP

Authorization to close account (If form is left blank, funds will be mailed via check to address on file)

Name (please print)	Signature	Date
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Please allow up to three weeks for the distribution or transfer to be mailed.

