

Health Savings Account (HSA) Instructions Upon Divorce of Account Holder



Email, fax or mail completed forms to:

Email: hsaoperations@motivhealth.com **Fax:** 844.533.1289 **Mail:** MotivHealth, Attention: HSA Operation
PO Box 709718 Sandy, UT
84070-9718

Please mail or fax completed forms with a copy of the relevant portion of the decree of divorce or separate maintenance.

Use this form to transfer funds from a MotivHealth health savings account (HSA) to an ex-spouse under a decree of divorce or separate maintenance. MotivHealth can only take direction from the account holder or a court of competent jurisdiction.

Account Holder Information

Last Name:	First Name:	M.I.:
Email Address:	Daytime Phone:	SSN or MotivHealthID number (6 or 7 digits) ¹ :

I am the account holder named above and hereby authorize and direct MotivHealth to take the following actions:

1. Transfer _____ (dollar amount or percentage) of the total balance in my HSA as of _____ (date), as ordered by the court, to my ex-spouse using the information provided below. I understand that if a portion of my HSA is invested in mutual funds, I may need to liquidate some or all investments to ensure sufficient funds are available for this transfer.

Ex-spouse name

Street address	City	State	Zip
Email address	Daytime phone		

2. Remove my ex-spouse's access and rights to my HSA (if any), including any power of attorney.

3. Cancel the MotivHealth HSA Visa® Debit Card² issued to my ex-spouse (if any).

4. Share my HSA information (including account number) as needed to facilitate the transfer.

Note: MotivHealth will process this request within seven business days of receipt, and complete the transfer as soon as your ex-spouse has been contacted and provides instructions. In some cases, it may take several weeks for the funds to be transferred.

Authorization

I certify that all information that I have provided on or with this form is true and correct and may be relied upon by MotivHealth. I understand that this form does not provide legal or tax advice, and that I must contact a competent legal or tax professional for personal advice.

Signature of account holder	Date
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¹ For your protection do not include debit card numbers

² The MotivHealth HSA Visa® Debit Cards issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

