



# Health Savings Account (HSA) Account Closure Form

9	8										<b>UMB Health Savings Account Number</b> (10-digit number found on your HSA statement)
---	---	--	--	--	--	--	--	--	--	--	---

**As owner of the Health Savings Account identified above, I hereby request that the custodian take the following action:**

### Account Closure Request

I am requesting UMB Bank to close my HSA and, by signing below, I certify that this distribution is (select one):

- made on account of my permanent disability. Funds remaining in my account will be returned to me.
- a transfer to another HSA custodian/trustee. (You must attach a transfer form from your new custodian/trustee.)
- a transfer to my former spouse pursuant to a divorce decree (a copy of the divorce decree is required).
- I no longer have a qualifying high-deductible health plan. Funds remaining in my account will be returned to me as taxable income.

I understand that UMB will report this distribution to the IRS in accordance with the type of distribution noted above. In making this Account Closure, I further understand that it is my sole responsibility to determine the tax consequences of such distribution, to properly report the distribution on my federal income tax returns and on Form 8889 for HSA, as well as on any state income tax returns, and to pay any taxes and penalties arising as a result of this distribution (see IRS Publication 969, *Health Savings Accounts and other Tax-Favored Health Plans*). **Applicable account closing fee or manual reimbursement fees will apply and will be deducted from the account prior to making the distribution. Please refer to your HSA Deposit Account Terms and Conditions for the amount of the applicable fee.**

ACCOUNT OWNER'S NAME (PLEASE PRINT)			
ADDRESS		CITY	STATE ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<b>Signature of Account Owner</b> X			<b>Date</b>

**Return completed form to: UMB Bank, n.a.  
Mailstop 1020213 — HCS Department  
P.O. Box 419226  
Kansas City, MO 64106-6226**

**Or Fax to: 816.843.2247**

UMB Bank Use Only	
Date:	
Trans Code:	
Description:	
Initials:	