

# **Request to Close Health Savings Account**

Complete and return this form to Chase after all outstanding checks written on the Health Savings Account (HSA) have been paid. Once Chase receives your completed form, the account closure process begins, and any HSA checks presented for payment will not be honored. If applicable, be sure to notify your employer to stop all further contributions to your HSA.

If you have opened an HSA Investment Account, you must contact J.P. Morgan Institutional Investments, Inc. (JPMII) at 866-774-7129 to request liquidation of your investments and closure of the Investment Account prior to returning this form. If your HSA Investment Account has a zero balance, you hereby instruct JPMII to close the Investment Account. The HSA cash account cannot be closed until the investments have been liquidated.

#### Account Information and Mailing Address:

Last 9 Digits of the Health Saving	gs Account #: xxx	
First Name:	M.I Last Name	9
Daytime Telephone #: () Last 4 digits of your SS#:		s of your SS#:
Street:		
Apt #:		71
City:	State:	Zip Code:
If this may not match the address here: Account Holder Request and Au		vide your month, day, and year of birth
wait 10 days to allow any outstand account balance less any applicab	ling debit card transactions to se ble Account Closing fee.	as directed below. I understand that Chase will attle before mailing the check for any remaining
Account Holder's Signature		Date:
Funds Disbursement Option 1: I	HSA Trustee-to-Trustee Transf	fer
You may instruct Chase to transfe completing the information below.	r funds from your Chase HSA to	a new HSA at another institution by
		y new Health Savings Account at the environment of the new custodial institution and forward it
Custodial Institution Name:		
Institution Address:		
City:		State:
Zip Code:		
Account #:		

### Please see additional instructions on page 2 about where to send your completed form.

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Mutual funds are introduced by, and HSA investment accounts are offered by J.P. Morgan institutional Investments Inc., member FINRA and SIPC, and an affiliate of JPMorgan Chase Bank, N.A.

# **Request to Close Health Savings Account, continued**

#### Funds Disbursement Option 2: Rollover or Direct Distribution to Account Holder

You may instruct Chase to send you the funds from your HSA. You may then choose to roll over these funds to an HSA at another institution. **Note:** To qualify as a rollover, any amount paid or distributed from an HSA to an account holder must be paid over to an HSA within 60 days after the date of receipt of the payment or distribution.

Please send me a check for the funds in my account.

Payout Options: (Select one.)

- Please send the funds directly to my checking account via electronic funds transfer (EFT).
- Please send me a check for the funds in my account.

#### **Funds Disbursement Method**

Chase will process your request within three business days after receipt of a completed, signed copy of this form and will disburse funds as follows:

- Funds you have instructed Chase to send by check will be sent to the address provided within 4 business days after the account closure.
- If you have instructed Chase to send an electronic funds transfer ("EFT") to your personal checking
  account, please attach a voided check below so we have the required information for completing the
  transfer. The checking account must be in the name of the same individual as the HSA. If these
  requirements are not met, then funds will instead be sent by check.

### PLEASE ATTACH VOIDED CHECK HERE (simply write "VOID" across a check)

#### Next Steps

Forward your completed form to:

JPMorgan Chase Bank, N.A. HSA Operations P.O. Box 30207 Tampa, FL 33630-3207

For any additional questions regarding the closure of your HSA, please contact HSA Member Services at 866-524-2483.

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