



FIFTH THIRD BANK

HSA Death Distribution Request Form

Instructions:

1. Use this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary (see processing options below).
2. Complete all sections of this form, attach a certified copy of the death certificate, and:
 - fax completed form to **Fifth Third Bank HSA Operations Department at 513-358-3588**, or
 - mail completed form to **Fifth Third Bank, Attn: HSA Operations Department, 5050 Kingsley Drive, MD 1MOC2G, Cincinnati, OH 45227**.
3. If you have any questions regarding this form, please contact the **Fifth Third Bank HSA Support Center at 1-888-350-5353**.

ACCOUNT HOLDER INFORMATION *(Beneficiary completes this section with HSA Account Holder information)*

Last Name:	First Name:	Middle Initial:
Social Security Number:		

BENEFICIARY INFORMATION *(Beneficiary completes this section with his / her information)*

Beneficiary listed below must match Beneficiary information contained in the HSA Account Holder's profile.

Please Select Beneficiary Type:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> Estate <i>(a copy of the Letter Testamentary is required to validate executorship)</i>
Last Name:	First Name:	Middle Initial:	
Street Address:			
City:	State:	Zip Code:	
Social Security Number:	Date of Birth:		
Telephone Number:	Driver's License State and Number:		

PROCESSING OPTION *(please choose only one)*

<input type="checkbox"/>	I am the spouse and I am requesting the account to remain an HSA account. By completing this section, I have successfully created an account on www.53hsa.com in my name and wish to have the HSA funds remaining in my spouse's account transferred to my new account. HSA Account Number: 796-_____
<input type="checkbox"/>	I am the spouse and I am requesting payout and closing of my husband's/wife's HSA account. Amounts distributed will generally be included in my gross income, except for any amount used to pay for medical expenses I incur before the distribution date or medical expenses that were incurred by my spouse before death (and paid by me within one year after the date of death).



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<input type="checkbox"/>	I am a non-spousal beneficiary requesting payout. I am required to include the funds received in my gross income, except for any amount used to pay for medical expenses incurred by the HSA Account Holder (and paid by me within one year of the Account Holder's death).
<input type="checkbox"/>	I am the executor of the Estate of the Decedent. If there is no designated beneficiary, the entire amount of the HSA shall be paid to the estate of the deceased and included on the decedent's final income tax return.

Rules, Conditions and Signature:

Checks will be issued and mailed to the address provided above. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies any person to whom funds are being distributed prior to completing the distribution. If the HSA consists of mutual funds, these funds will be liquidated and transferred/distributed as cash. Fifth Third Bank reserves the right to complete this liquidation at such time that is reasonable upon receipt and verification of this form.

Due to the important tax consequences relating to the death of an HSA Account Holder, I have been advised to see a tax professional. State tax laws may vary, and I agree that Fifth Third Bank makes any representation as to the tax effect of this distribution under state or federal law. The information provided is in general terms only to provide some information relating to the tax consequences of a decedent's HSA account. Information provided by me is true and correct and may be relied upon by Fifth Third Bank. I assume full responsibility for this transaction and will not hold Fifth Third Bank liable for any adverse consequences that may result. I am the individual authorized to execute this transaction. I have read and understand the instructions, rules, and conditions relating to this transaction.

Signature of HSA Beneficiary

Date

Printed Name