



BPAS Roadways HSA Distribution Request

To request a distribution from your HSA, simply complete this form and submit it to BPAS. We recommend you also keep a copy of this form for your records. Please note: you'll be charged a \$10 transaction fee for each distribution form submitted.

Accountholder Information

Last Name:		First Name:	Middle Initial:
SSN (Social Security Number):		Date of Birth:	
Phone:	Email Address:		

Distribution Type (limit one Distribution Type per form)

<input type="radio"/> Normal Distribution Amount: \$ _____ <i>Note: A processing fee of \$10 applies to manual distributions. You may avoid this fee by using your BPAS Roadways HSA debit card to access funds.</i>	<input type="radio"/> Disability	<input type="radio"/> Prohibited Transaction <i>(For non-qualified expenses; penalties may apply)</i>
<input type="radio"/> Death (complete Payee Details below) Type of Beneficiary: <input type="radio"/> Estate <input type="radio"/> Other _____ Timing: <input type="radio"/> Same Year as Death <input type="radio"/> After Year of Death Fair Market Value of HSA as of Date of Death \$ _____	<input type="radio"/> Correction of Excess Contribution for Tax Year: _____ Amount of Excess Contribution: \$ _____ Timing: <input type="radio"/> By tax due date (including extensions) Earnings attributable to excess \$ _____ <input type="radio"/> After tax due date (including extensions)	

Rollover/Transfer

<input type="radio"/> Liquidate entire account balance	<input type="radio"/> Rollover/Transfer this amount: \$ _____
<input type="radio"/> Close Account	<input type="radio"/> Keep Account Open
<input type="radio"/> Rollover (check will be made payable and mailed to the HSA Accountholder) Note: Funds you receive from an HSA distribution must be deposited to another HSA within 60 days. You may complete one rollover distribution per year per HSA. You may rollover the same assets only once in a 12-month period.	
<input type="radio"/> Transfer to (complete Pay Details below): <input type="radio"/> My HSA <input type="radio"/> Spouse's HSA due to death <input type="radio"/> Former spouse's HSA due to divorce or legal separation	

Payee Details (complete for Death and Transfer Distributions)

Name:		Tax ID (or SSN):	
Address:		City:	
State:	ZIP:	HSA Account Number:	Phone:

Authorization

I authorize BPAS to liquidate investments in my HSA as detailed in this form. I understand I may need to wait 10 days to allow any outstanding debit card transactions to settle before the check will be mailed less any applicable fees. I certify that I am the HSA Accountholder (or an individual authorized to execute this transaction). I assume full responsibility for this transaction and will not hold BPAS or Hand Benefits & Trust, a BPAS Company, liable for any adverse consequences that may result. I understand and agree to pay a \$10 transaction fee for this paper distribution. I have not received tax or legal advice from BPAS or Hand Benefits & Trust. All information provided by me is true and correct.

Signature: _____ Date: _____

Send completed form to: BPAS Trust Services | 6 Rhoads Drive, #7 | Utica, NY 13502
Or FAX to: Attention BPAS Roadways HSA at 315-292-6450

Questions? Call us toll free at 1-866-401-5272