

**Form Instructions:** Complete form to authorize a distribution of assets from a decedent’s HSA directly to you as the beneficiary or executor of the estate. Due to the important tax consequences of a death distribution, Optum Financial recommends that all beneficiaries/claimants consult a tax advisor before requesting this distribution.

Optum Financial can only distribute HSA funds to individuals listed as beneficiaries. If there are no beneficiaries listed at the time of the decedent’s death, the funds will only be distributed to the executor of the estate. Federal law requires all financial institutions to obtain, verify and maintain records of the information used to identify any person to whom funds are being distributed prior to completing the distribution.

After completing this form, please ensure you have enclosed the required supporting documentation and follow submission instructions at the end of the form. Optum Financial cannot process the request until we have received the following completed documents:

- Death Distribution Request Form
- Original, certified death certificate
- Copy of the beneficiary’s/claimant’s unexpired Driver’s License or State-Issued ID
- Copy of the Letter of Administration/Testamentary, *if the Estate is the claimant*
- Small Estate Affidavit, *if applicable*
- Transfer Form from your HSA custodian, *if applicable*

STEP 1: Deceased Account Holder Information				
First Name:	Middle Name:	Last Name:	Date of Death:	
Address:		City:	State:	Zip Code:
Account Number: (12 digits from the Welcome Kit or statement) _____		Social Security Number: (Last 4 digits only) <b>XX XX / XX /</b> _____		

STEP 2: Beneficiary/Claimant Information			
Please fill out the Beneficiary/Claimant Information representative of your relationship to the decedent’s HSA. <ul style="list-style-type: none"> <li>• If you are a named spousal beneficiary, please fill out Part A.</li> <li>• If you are a named beneficiary, but not the decedent’s spouse, please fill out Part B.</li> <li>• If you are the executor, administrator, or personal representative of the decedent’s estate, please fill out Part C.</li> <li>• If you are the recipient of the decedent’s small estate, please fill out Part D.</li> </ul>			
<b>Part A: Spousal Beneficiary:</b>			
First Name:	Middle Name:	Last Name:	Date of Birth:
Address:		City:	State:      Zip Code:
Phone Number: _____	Social Security Number: _____ / _____ / _____		
I am the spouse of the decedent and the named beneficiary of the decedent’s HSA. I request Optum Financial:			
<input type="checkbox"/> Liquidate my spouses’ HSA investments, if applicable, close the account, and send the remaining HSA funds, less fees and expenses, to me at the address listed above. I understand that any amount distributed to me may be included in my gross income. I also understand that the amount to be included in my gross income may be reduced by any amount used to pay for eligible medical expenses that were incurred by my spouse before death and paid by me within one year after the date of death. I have been advised to consult my tax advisor for more information.			
Transfer the funds from my spouse’s HSA to my new or existing ConnectYourCare HSA (enter account number):			
To open an account with Optum Financial that can receive the funds please go to: <a href="https://enroll.hsaexpress.com/">https://enroll.hsaexpress.com/</a>			
I understand that Optum Financial may require additional information from me prior to establishing my HSA and transferring the funds. I have been advised to consult a tax advisor for more information.			

**Part B: Non-Spousal Beneficiary**  
*If you are not the spouse, but an individual or company or a trustee of a trust that is listed as a beneficiary, please provide the applicable information below. If there is more than one beneficiary or co-trustee, please include a separate page with the information below for each.*

Individual Full Name, Trust Full Name or Company Full Name:		Date of Birth, or if Trust/Company, date of formation:	
Address:		City:	State: Zip Code:
Phone Number:	_ _ _ _ - _ _ _ - _ _ _ _	Social Security Number or Employer Identification Number (EIN):	_ _ _ _ / _ _ _ / _ _ _ _
Name of Trustee, if Trust Name of Authorized Signer, if Company:			

I am a named beneficiary of the decedent's HSA. I request Optum Financial:

Liquidate the decedent's HSA investments, if applicable, close the account, and send the remaining HSA funds, less fees and expenses, to me at the address listed above. I understand that any amount distributed to me may be included in my gross income. I also understand that the amount to be included in my gross income may be reduced by any amount used to pay for eligible medical expenses that were incurred by the decedent before death and paid by me within one year after the date of death. I have been advised to consult a tax advisor for more information.

**Part C: Executor/Administrator/Personal Representative of Estate**  
*If you are the Executor(trix), Administrator, or Personal Representative of the Estate, please provide the information below. If there is more than one executor or administrator, please include a separate page with information below for each.*

Name of Executor(trix) or Personal Representative:			
Address:		City:	State: Zip Code:
Phone Number:	_ _ _ _ - _ _ _ - _ _ _ _	Estate Employer Identification Number (EIN):	_ _ _ - _ _ _ _ _ _ _ _

I am the Executor(trix), Administrator, or Personal Representative of the Estate. I request Optum Financial:

Liquidate the decedent's HSA investments, if applicable, close the account, and send the remaining HSA funds, less fees and expenses, to me at the address listed above. I understand that the account balance shall be paid to the estate of the deceased and included on the decedent's final income tax return.

**Part D. Small Estate Recipient**  
*Please provide a Small Estate Affidavit and/or similar estate paperwork, and the information below regarding the recipient of funds.*

First Name:	Middle Name:	Last Name:	Date of Birth:
Address:		City:	State: Zip Code:
Phone Number:	_ _ _ _ - _ _ _ - _ _ _ _	Social Security Number:	_ _ _ _ / _ _ _ / _ _ _ _

I am the representative/recipient of the decedent's small estate. I request Optum Financial to:

Liquidate the decedent's HSA investments, if applicable, close the account, and send the remaining HSA funds, less fees and expenses, to me at the address listed above. I have been advised to consult a tax advisor for more information.

## STEP 3: Authorization

I certify that I am the named beneficiary or individual legally authorized to complete this form and that all information provided by me is accurate and true. I understand and request that all investments in the decedent's HSA be liquidated prior to the HSA being closed and funds properly distributed. I further certify that no tax advice has been given to me by ConnectYourCare and that I have been advised to consult a tax advisor on any and all tax consequences of this request. All decisions regarding this transaction are my own. I expressly assume the responsibility for any adverse consequences, which may arise from this transaction, and I agree that ConnectYourCare shall in no way be held responsible.

Signature:	Date:
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**How to Submit:** Please mail the completed form, along with the original certified death certificate, and other required documents listed on page one, as applicable, to:

- Optum Financial, P.O. BOX 85960, 6300 Wayne Road, Westland, MI 48185

Investments are not FDIC insured, are not guaranteed by ConnectYourCare, LLC, and may lose value.

