



Union Bank & Trust

HEALTH BENEFIT SOLUTIONS

HSA Close Account

Please complete this form to close your Union Bank & Trust HSA Account. Prior to submitting this form, if applicable, verify that you have notified your employer to cease contributions to this account and that all contributions have been posted to your account.



Fax completed form and current account statement to:

844.560.6755



Mail completed form and current account statement to:

P.O. Box 82518
Lincoln, NE 68501-2518



Questions about this form?

Call 844.472.6567

Section 1: Account information

ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Withdrawal Details

Please indicate the amount you would like to withdraw from your HSA account.

A check in this amount will be mailed to the account on record.

\$

WITHDRAWAL AMOUNT

Section 3: Signature

I certify that I am the HSA account holder or an individual authorized to execute requests. I have read and understand the instructions and any rules or conditions relating to, and have met the requirements for, making the above requests. I assume full responsibility for the above requests and will not hold Union Bank & Trust liable for any adverse consequences that may result. I have not received tax or legal advice from Union Bank & Trust and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Union Bank & Trust.

SIGNATURE OF HSA ACCOUNT HOLDER

DATE



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