

Health Savings Account Closure Form

! Use this form to close your EMPOWER Health Savings Account (HSA) and return the funds directly to you. If you would like EMPOWER to send the funds to your new administrator, use the HSA Transfer Form. Please note that there may be an account closure fee.

Instructions

1. If you have an investment balance in your HSA, liquidate your assets and transfer assets to your HSA Cash Account.
2. Complete this form and email to EMPOWER at customerservice@empowerflex.com.
3. Keep a copy of this form for your records.
4. EMPOWER will return funds to you using the distribution method indicated below.
5. If you have any questions regarding HSA transfers, please call EMPOWER at (316) 687-3444.

Accountholder Information

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Last Name	First Name	Middle Initial
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Social Security Number	Date of Birth	
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Telephone Number	Email Address	
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Street Address		
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City	State	Zip Code

Distribution Method

Please select one of the following options to indicate which method EMPOWER should use to return funds:

Return funds via ACH to the bank account already on file.

Send a check to the address listed above.

Signature of Accountholder

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences that may arise from this withdrawal, and I agree that the Custodian shall in no way be held responsible.

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Signature of HSA Accountholder	Date