HEALTH SAVINGS ACCOUNT (HSA)
DISTRIBUTION / ACCOUNT CLOSURE REQUEST

Voya Benefits Company, LLC
A member of the Voya® family of companies
Voya Financial Health Account Solutions, PO Box 1168, Minneapolis, MN 55440
Phone: 833-232-4673; Fax: 855-370-0670; Email: HASInfo@voya.com

Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by Voya Institutional Trust Company.

Use this form to request distribution of HSA funds and/or close the HSA.

STEP 1: HSA ACCOUNT HOLDER INFORMATION

Consumer Name *(Required) (First)* _____ *(Last)* _____

Employer Name *(If sponsored by an employer plan.) (Required)* _____

Birth Date *(mm/dd/yyyy) (Required)* _____ Social Security Number (SSN) *(Required) (Last 4 digits only.)* _____

Daytime Phone *(Required)* _____ Email _____

Permanent Address *(Required)* _____

City _____ State _____ ZIP _____

Note: Distributions, with the exception of transfers, will be sent via direct deposit to your personal bank account on file. If no bank account is on file, a check will be mailed.

STEP 2: DISTRIBUTION INFORMATION

2a. Select one of the following types of distribution. *(Required)*:

☐ Normal ☐ Prohibited Transaction ☐ Rollover ☐ Disability ☐ Transfer (*Complete Transfer Requests Only section below.)*

☐ Divorce *(A copy of the Divorce Decree is required.)*

Ex-Spouse Name *(First)* _____ *(Last)* _____

Ex-Spouse Address _____ City _____ State _____ ZIP _____

☐ Excess Contribution Removal

Date Excess Contribution Occurred _____

Transfer Requests Only

Transfer Check Payable to: _____

Mail Check to:

Address _____ City _____ State _____ ZIP _____

2b. Requested Distribution Amount *(Select one.) (Required)*:

☐ Entire Account Balance

☐ Keep my HSA Open

☐ Close my HSA

☐ Other $_____

STEP 3: AUTHORIZATION

I certify that I am the proper party to receive payment(s) from this 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 Voya Financial. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that Voya Financial and its subcontractors shall in no way be held responsible. I acknowledge that I have read and understood the Rules and Conditions applicable to a distribution on page two. I understand that any applicable fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule)

Signature *(Required)* _____ Date _____

RULES AND CONDITIONS APPLICABLE TO A DISTRIBUTION

General Information	You must supply all requested information so Voya Financial can do the proper tax reporting. You may not request a distribution on behalf of another death beneficiary. Return the completed form to: Voya Financial, Health Account Solutions, PO Box 1168, Minneapolis, MN 55440; Fax: 855-370-0670. Questions? Call Customer Service at 833-232-4673 (Live customer support 24x7).
Distribution Reason	Normal Distribution Normal Distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax. A normal distribution is reported to the Internal Revenue Service (IRS) on Form 1099-SA using Code 1. Rollover A rollover is a way to move money from one HSA to another HSA. The funds you received from your HSA must be deposited into another HSA within 60 days after you receive them. You are entitled to one distribution within a 12-month period that may be rolled over to another HSA. A rollover distribution is reported to the IRS on Form 1099-SA using Code 1. Excess Contribution Removal If you have made an excess contribution to your HSA, you must generally take the appropriate steps to remove the contribution. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties. To avoid paying the excise tax on the excess amount, the excess contribution withdrawal must meet the conditions indicated below. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2. • You withdraw the excess contributions by the due date of your tax return for the year the contributions were made. • You withdraw any income earned on the withdrawn contributions and include the earnings in "other income" of your tax return for the year you withdraw the contributions and earnings. Disability You may take a distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax. A disability distribution is reported to the IRS on Form 1099-SA using Code 3. Transfer If you are requesting a distribution as a transfer, provide the new custodian's name and address. The check will be made payable to the new custodian. Prohibited Transaction If you have performed a prohibited transaction as defined in IRC Sec. 4975(c), you may be subject to an IRS penalty. If the prohibited transaction is not corrected in a timely manner, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5. Divorce An account holder's HSA can be transferred to an HSA established for the ex-spouse (or spouse) under a decree of divorce or separate maintenance. In the event of such a transfer, the distribution is not taxable or subject to the additional 20% tax, and the ex-spouse (or spouse) becomes the account holder of the HSA. After the transfer, the ex-spouse (or spouse) like any other HSA account holder, may designate a beneficiary to receive any amounts remaining in the HSA upon his or her own death, may roll over (or directly transfer) some or all of the HSA's account balance into another HSA, and may add to the HSA through rollovers, transfers, and contributions if relevant criteria are satisfied.
Signatures	Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this HSA distribution. You are acknowledging that, due to the important tax consequences relating to selecting distributions or rolling funds over to an HSA, you have been advised to see a tax professional. State tax laws may vary, and you agree that Voya Financial makes no representations as to the tax effect of this distribution or rollover under state law. You also acknowledge that your rollover or distribution of funds from the HSA is completely voluntary. You assume the responsibility for any consequences that you or your beneficiaries may experience relating to this distribution or rollover. You agree that Voya Financial shall in no way be responsible for those consequences. All information provided by you is true and correct and may be relied upon by Voya Financial.