

# HSA closure form

Complete this form to close your HSA. Prior to submitting this form, liquidate your investment balance and confirm all pending transactions have posted to your account. You may wish to review [IRS Publication 969](#) for more information.

## Email completed form to:

[support@joinforma.com](mailto:support@joinforma.com)

## Questions about this form?

844-902-2902  
M-F, 8 a.m. - 8 p.m. ET

### Section 1: Account information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
Employer name: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Section 2: Disbursement Instructions

Deposit funds through a mailed check

### Section 3: Signature

I certify that I am legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Forma; Blue Ridge Bank, N.A., or any of their respective affiliates. 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 neither Forma; Blue Ridge Bank, N.A., or any of their respective affiliates nor its affiliates, shall be held liable for any adverse consequences that may result. I understand that I may consult a tax professional or legal counsel. I acknowledge that I have read and understand the terms and conditions applicable to a distribution, as set forth in the Custodial Agreement provided when opening this HSA account. I understand that any applicable fees will be deducted from the distribution amount requested.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of HSA account holder Date