

HEALTH SAVINGS ACCOUNT WITHDRAWAL STATEMENT



HSA ACCOUNT OWNER'S NAME AND ADDRESS			

HSA CUSTODIAN NAME AND ADDRESS
THOROUGHbred HEALTH BANK A Division of Oklahoma State Bank 120 WEST CANADIAN VINITA, OKLAHOMA 74301 TEL: 918-256-5585

SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE

HSA ACCOUNT IDENTIFICATION	TRUSTEE'S OR CUSTODIAN'S PHONE NUMBER

BENEFICIARY (OR FORMER SPOUSE) INFORMATION	
<small>NOTE: This section should be completed by a beneficiary taking a death distribution or a former spouse taking a distribution as a result of a property settlement. DO NOT use this section to name or change your beneficiary(ies).</small>	
BENEFICIARY'S (OR FORMER SPOUSE'S) NAME AND ADDRESS	
SOCIAL SECURITY NUMBER	DATE OF BIRTH
SOCIAL SECURITY NUMBER	DATE OF BIRTH

BENEFICIARY (OR FORMER SPOUSE) INFORMATION
Distribution Reason I direct the Trustee or Custodian to make a distribution from the HSA for the following reason.
<input type="checkbox"/> Normal <input type="checkbox"/> Excess Contribution Removal* <input type="checkbox"/> Disability <input type="checkbox"/> Death Is the distribution being taken in the year of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what type of beneficiary? <input type="checkbox"/> Spouse <input type="checkbox"/> Estate <input type="checkbox"/> Other <input type="checkbox"/> Prohibited Transaction
<small>*Is the excess contribution being removed before October 115 of the year following the year for which the contribution was made?*</small>
<input type="checkbox"/> No <input type="checkbox"/> Yes
<small>**Assumes the HSA account owner timely filed his or her federal income tax return. If the return was not timely filed, replace the October 15 date with the due date of the return (including extensions.)</small>

FINANCIAL INFORMATION			
INVESTMENT PRODUCT	UNPOSTED EARNINGS	GROSS WITHDRAWAL AMOUNT	LOSS OF EARNINGS PENALTY
For Bank Use Only	FEES/CHARGES	EARNINGS ATTRIBUTED TO EXCESS CONTRIBUTION	NET DISTRIBUTION AMOUNT

SIGNATURES	
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 the Trustee or Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be responsible.	
_____ (HSA Account Owner or Beneficiary)	_____ (Date)
_____ (HSA Account Owner or Beneficiary)	_____ (Date)

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GENERAL INFORMATION You must supply all requested information so the Trustee or Custodian can do the proper tax reporting. You may not request a distribution on behalf of another beneficiary.

DISTRIBUTION REASON Normal Distribution

Distribution for any reason other than removal of an excess contribution, death, disability or a prohibited transaction are deemed Normal Distributions. 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 IRS on form 1099-SA using Code 1. Also using Code 1 if no other code applies to the distribution.

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. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2.

Disability

If you are requesting a distribution due to disability (see IRC Section 72(m)(7)) you may be required to furnish proof, in a form acceptable to the Trustee or Custodian verifying your entitlement to receive the distribution. Disability distributions may be subject to ordinary income tax. A disability distribution is reported to the IRS on Form 1099-SA using Code 3

Death

If you are requesting a distribution as a beneficiary, you may be required to furnish proof, in a form acceptable to the Trustee or Custodian, verifying your entitlement to receive the distribution. Death distributions to non-spouse beneficiaries are generally included in ordinary income.

A death distribution is reported to the IRS on Form 1099-SA according to the following:

- If the financial organization is notified of death and the distribution is made to the beneficiary in the year of death, Code 4 is used to report the distribution.
- If the financial organization is notified of death and the distribution is made to the beneficiary in the year following the year of death, Code 1 is used if the beneficiary is the spouse, Code 4 is used if the beneficiary is the estate, and Code 6 is used if the beneficiary is not the spouse or estate.

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 timely corrected, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5.

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 withdrawal.

THOROUGHbred HEALTH BANK 120 WEST CANADIAN, VINITA, OKLAHOMA 74301
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