



Request to Close Health Savings Account

Complete and return this form to Chase after all outstanding checks written on the Health Savings Account (HSA) have been paid. Once Chase receives your completed form, the account closure process begins, and any HSA checks presented for payment will not be honored. If applicable, be sure to notify your employer to stop all further contributions to your HSA.

If you have opened an HSA Investment Account, you must contact J.P. Morgan Institutional Investments, Inc. (JPMII) at 866-774-7129 to request liquidation of your investments and closure of the Investment Account prior to returning this form. If your HSA Investment Account has a zero balance, you hereby instruct JPMII to close the Investment Account. The HSA cash account cannot be closed until the investments have been liquidated.

Account Information and Mailing Address:

Last 9 Digits of the Health Savings Account #: xxx _ _ _ _ _

First Name: _____ M.I. ____ Last Name _____

Daytime Telephone #: (____) _____ Last 4 digits of your SS#: _____

Street: _____

Apt #: _____

City: _____ State: _____ Zip Code: _____

If this may not match the address we have on file, please provide your month, day, and year of birth here: _____.

Account Holder Request and Authorization to Close Health Savings Account

Please close my Health Savings Account and disburse the funds as directed below. I understand that Chase will wait 10 days to allow any outstanding debit card transactions to settle before mailing the check for any remaining account balance less any applicable Account Closing fee.

Account Holder's Signature _____ Date: _____

Funds Disbursement Option 1: HSA Trustee-to-Trustee Transfer

You may instruct Chase to transfer funds from your Chase HSA to a new HSA at another institution by completing the information below.

- Please transfer the funds in my HSA listed above to my new Health Savings Account at the institution listed below. Make the check payable to the new custodial institution and forward it directly to them.*

Custodial Institution Name: _____

Institution Address: _____

City: _____ State: _____

Zip Code: _____ - _____

Account #: _____

Please see additional instructions on page 2 about where to send your completed form.

Request to Close Health Savings Account, continued

Funds Disbursement Option 2: Rollover or Direct Distribution to Account Holder

You may instruct Chase to send you the funds from your HSA. You may then choose to roll over these funds to an HSA at another institution. **Note:** To qualify as a rollover, any amount paid or distributed from an HSA to an account holder must be paid over to an HSA within 60 days after the date of receipt of the payment or distribution.

Please send me a check for the funds in my account.

Payout Options: (Select one.)

Please send the funds directly to my checking account via electronic funds transfer (EFT).

Please send me a check for the funds in my account.

Funds Disbursement Method

Chase will process your request within three business days after receipt of a completed, signed copy of this form and will disburse funds as follows:

- Funds you have instructed Chase to send by check will be sent to the address provided within 4 business days after the account closure.
- If you have instructed Chase to send an electronic funds transfer (“EFT”) to your personal checking account, please attach a voided check below so we have the required information for completing the transfer. The checking account must be in the name of the same individual as the HSA. If these requirements are not met, then funds will instead be sent by check.

PLEASE ATTACH VOIDED CHECK HERE
(simply write “VOID” across a check)

Next Steps

Forward your completed form to:

JPMorgan Chase Bank, N.A.
HSA Operations
P.O. Box 30207
Tampa, FL 33630-3207

For any additional questions regarding the closure of your HSA, please contact HSA Member Services at 866-524-2483.