HSA WITHDRAWAL STATEMENT

HSA ACCOUNT OWNER 'S NAME AND ADDRESS	HSA TRUSTEE 'S OR CUSTODIAN 'S NAME AND ADDRESS
	Stephenson National Bank & Trust 1820 HALL AVENUE MARINETTE, WI 54143-0000

Social Security Number	Date of Birth	Home Phone

HSA Account Identification	Trustee 's or Custodian 's Phone Number
	(715)732-1732

BENEFICIARY (or Former Spouse) INFORMATION

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).

Beneficiary 's (or Former Spouse 's) Name and Address

Social Security Number	Date of Birth

Phone	Relationship

DISTRIBUTION INFORMATION

Until I give the Trustee or Custodian written instructions to th e contrary, I direct the Trustee or Custodian to distribute the amount requested as follo ws.

Distribution Reason

I direct the Trustee or Custodian to make a distribution from th e HSA for the following reason.

- ☐ Transfer
- ☐ Disability
- ☐ Death
  - Is the distribution being taken in the year of death? ☐ Yes ☐ No
  - If no, what type of beneficiary? ☐ Spouse ☐ Estate ☐ Other
- ☐ Prohibited Transaction
- ☐ Normal
- ☐ Excess Contribution Removal*

*Is the excess contribution being removed before October 15 of t he year following the year for which the contribution was made?**

☐ No. ☐ Yes.

**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 wit h the due date of the return (including extensions).

Commencement Date	Distribution Amount
	☐ Entire Account ☐ Specify Amount $ _____

Frequency	Special Payment Instructions
☐ One -time ☐ Quarterly ☐ Monthly ☐ Annually ☐ Other_____	☐ To checking account # _____ ☐ To savings account # _____ ☐ Other _____

FINANCIAL INFORMATION

Asset Description	Quantity Or Amount In HSA	Quantity Or Amount To Be Distributed	Liquidate Immediately	Distribute At Maturity	Distribute In Kind
1.			☐	☐	☐
2.			☐	☐	☐
3.			☐	☐	☐
4.			☐	☐	☐

Fees/Charges	Earnings Attributable to Excess	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 acc urate. I have read and understand the Rules and Conditions Applicable to Withdrawals on page 2 of this form and agree to abide by those rules and conditions. 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 consequence s which may arise from this withdrawal and I agree that the Trustee or Custodian shall in no way be hel d responsible.

_____ (HSA Account Owner, Beneficiary or Former Spouse) _____ 06/11/2012 (Date)

_____ (Authorized Signature of Trustee or Custodian) _____ 06/11/2012 (Date)

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Rules And Conditions Applicable to Withdrawals

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

Transfer

A transfer may be made by an HSA Owner. No IRS reporting is required for a transfer.

Normal

Distributions 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 use 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.

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