



Request to Close Account

Instructions: Complete and return to SelfcareHSA.

- Include copy of your identification
- Send to SelfcareHSA either by uploading a photo through your mobile application, fax, or mail

Support@SelfcareHSA.com

Fax: 208-938-4556

SelfcareHSA, 5660 E Franklin Rd Ste 301, Nampa ID 83687

Call: 1-866-HSA-SELF (866-472-7353)

Account Number				
Minimum of last 4 of account number:				
Current Information				
First Name		Middle Initial		Last Name
Social Security Number			Date of Birth	
Home phone		Cell Phone		Employer (if employer sponsored)
Address			City	State Zip
Request to Close				
<input type="checkbox"/> Please close my account and mail the remaining balance to the address on file. <ul style="list-style-type: none"> You will be assessed the \$25.00 closing fee. If there is not \$25.00 in the account, we will retain the remaining balance as the closing fee and close the account. If you have any investment funds, the funds will be liquidated and transferred back into the HSA account prior to closing. Your account will be closed within 5-10 business days upon receipt of this form. There may be tax consequences for closing your account, please consult a tax professional for any questions prior to closing your account. 				
Signature				
I am the HSA owner, beneficiary, or legal individual authorized to sign this form. All information that I have provided is true and correct. Since my HSA funds are tax reportable and there could be consequences for transactions, I have been advised to speak with a tax professional. I assume all responsibility for this transaction and hold SelfcareHSA, powered by Sunwest Bank harmless of any consequences.				
Signature			Date:	