

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[HSA Administrator Name]
[Financial Institution Name]
[Address]
[City, State, Zip Code]

RE: Instruction to Close Health Savings Account (HSA) - Account Number: [Your Account Number]

Dear Customer Service Department,

Please accept this letter as formal instruction to close my Health Savings Account (HSA) referenced above, effective [Date]. This request is due to a career transition and a change in my healthcare coverage.

Regarding the remaining balance in the account, please execute the following (select one):

☐ **Direct Rollover:** Please transfer the full balance via a trustee-to-trustee transfer to my new HSA provider. I have attached the necessary transfer forms from the receiving institution.
☐ **Liquidation and Distribution:** Please liquidate all holdings and issue a check for the total remaining balance, minus any applicable closing fees, to my mailing address listed above. I understand that this distribution may be subject to taxes if not used for qualified medical expenses.

Please ensure that all final statements and tax documents (Form 1099-SA and Form 5498-SA) are mailed to my address on file. If there are any forms required to finalize this request, please send them to me immediately via email or post.

Thank you for your assistance with this transition.

Sincerely,

[Your Signature]
[Your Printed Name]