

Date: [Date]

To: [HSA Administrator Name/Financial Institution]

Address: [Institution Address]

Account Number: [Your HSA Account Number]

Subject: Request to Liquidate and Close Health Savings Account

Dear Customer Service Department,

I am writing to formally request the total liquidation and closure of my Health Savings Account (HSA) associated with my former employer, [Former Employer Name].

Please take the following actions regarding this account:

- Liquidate all remaining funds and investment holdings within the account.
- Deduct any applicable closing fees or administrative costs from the balance.
- Issue a check for the remaining balance made payable to me.
- Permanently close the account once the distribution is processed.

Please mail the final distribution check to my address on file:

[Your Full Name]

[Your Current Mailing Address]

[City, State, Zip Code]

I understand that this distribution may be subject to income tax and an additional tax penalty if the funds are not used for qualified medical expenses or rolled over into another HSA within 60 days. I accept full responsibility for the tax implications of this request.

Please provide written confirmation once the account has been closed. If you require further documentation, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]