

Health savings account (HSA) instructions upon divorce of account holder



Use this form to transfer funds from a MotivHealth health savings account (HSA) to an ex-spouse under a decree of divorce or separate maintenance. MotivHealth can only take direction from the account holder or a court of competent jurisdiction.

MotivHealth contact information			
Please mail or fax completed forms with a copy of the relevant portion of the decree of divorce or separate maintenance.			
Address MotivHealth Attn: Member Services 10421 S Jordan Gateway Ste. 300, South Jordan, UT 84095		Fax 884.533.1289	
Account holder information			
Last name	First name		M.I.
Email address	Daytime phone ()	SSN or MotivHealth ID number (6 or 7 digits) ¹	
I am the account holder named above and hereby authorize and direct MotivHealth to take the following actions:			
1. Transfer _____ (dollar amount or percentage) of the total balance in my HSA as of _____ (date), as ordered by the court, to my ex-spouse using the information provided below. I understand that if a portion of my HSA is invested in mutual funds, I may need to liquidate some or all investments to ensure sufficient funds are available for this transfer.			
Ex-spouse name			
Street address	City	State	Zip
Email address	Daytime phone ()		
2. Remove my ex-spouse's access and rights to my HSA (if any), including any power of attorney.			
3. Cancel the MotivHealthHSA Visa® Debit Card ² issued to my ex-spouse (if any).			
4. Share my HSA information (including account number) as needed to facilitate the transfer			
Note: MotivHealth will process this request within seven business days of receipt, and complete the transfer as soon as your ex-spouse has been contacted and provides instructions. In some cases, it may take several weeks for the			
Authorization transfer of			
I certify that all information that I have provided on or with this form is true and correct and may be relied upon by MotivHealth. I understand that this form does not provide legal or tax advice, and that I must contact a competent legal or tax professional for personal advice.			
Signature of account holder			Date

¹ For your protection, do not include debit card numbers.

² The MotivHealth HSA Visa® Debit Cards issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.