

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



EMAIL, FAX or MAIL COMPLETED FORMS TO:

Email: hsaoperations@motivhealth.com Fax: 844.533.1289

Mail: MotivHealth, Attention: HSA Operations  
PO Box 709718 Sandy, UT 84070-9718

Please mail or fax completed forms with a copy of the relevant portion of the decree of divorce or separate maintenance.

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.

## Account holder information

Last name	First name	M.I.
Email address	Daytime phone (      )	SSN or MotivHealthID number (6 or 7 digits) <sup>1</sup>

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<sup>2</sup> 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 funds to be transferred.

## Authorization

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
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<sup>1</sup> For your protection do not include debit card numbers

<sup>2</sup> 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.