



**PART III: ACCOUNT OWNER INFORMATION (DISTRIBUTING ACCOUNT)**

**Note: Complete this section only if the HSA Owner identified in Part I above is receiving the assets through a divorce settlement.**

\_\_\_\_\_  
Name\* (First, M.I., Last)      Date of Birth\*      Social Security Number\*

\_\_\_\_\_  
Street Address (Physical Address)\*      Apartment #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Mailing Address (if different from above)      City      State      Zip Code

\_\_\_\_\_  
Daytime Phone\*      Evening Phone

**PART IV: CURRENT ACCOUNT INFORMATION**

\_\_\_\_\_  
Name of Current Trustee/Custodian\*      Current Account/Plan Number/Fund Name\*

\_\_\_\_\_  
P. O. Box\*      Suite #      City\*      State\*      Zip Code\*

\_\_\_\_\_  
Name of Contact\*      Contact's Phone Number\*

**\*Note:** If you wish to have paperwork sent overnight, please provide the physical street address.



