

Instructions: Use this form to close your Avidia Health account and receive a distribution check to your address on file. You must liquidate all investments before your HSA can be closed. Avidia Health does not automatically liquidate investments on your behalf. Consult your tax advisor for tax implications due to account closure.



Securely upload
completed form



Mail completed form to:
Avidia Bank, P.O. Box 370,
Hudson MA 01749



Questions about this form?
1.855.248.6311

Account Holder's Information:

First Name		MI		Last Name			
Street Address						Apt #	
City			State		Zip		
Avidia Bank Account #			- OR - Social Security #				

Closing Reason (TC 168):

- | | | |
|------------------|---|----------|
| Account Fees | No longer have a high deductible health plan (HDHP) | Rollover |
| Interest Rates | No longer eligible to contribute to an HSA | Other |
| Customer Service | Have an insurance plan that uses a different HSA provider | |

Note: If you are rolling these funds over to another HSA, this is considered a rollover. You may make only one rollover contribution to an HSA during a one-year period. You have 60 calendar days from the date you receive these funds to deposit them into another HSA.

Signature:

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

Account Holder Signature		Date	
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