

# Non-Spouse Individual Beneficiary Distribution— Fidelity HSA®

Use this form to establish a temporary account for the receipt and distribution of assets that you have inherited from a Fidelity Health Savings Account (HSA) as a non-spouse individual beneficiary. Do NOT use this form to request a distribution from an HSA that you have already established on your own or an Inherited IRA, or if you are a spouse, trust, estate, entity, minor, or incapacitated individual beneficiary of an HSA. Please contact Fidelity to obtain the appropriate form. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information, make a copy of the relevant page.

## Helpful to Know

- Each beneficiary must complete a separate form.
- Upon receipt of this form, a temporary account will be established in your name to facilitate the inheritance and distribution of assets.
  - All assets, or your portion of assets if there are multiple beneficiaries, will be transferred in kind from the original HSA to this temporary account. Once all assets have been transferred from the original HSA, that original HSA will be closed.
  - All assets transferred from the original HSA must either be liquidated and distributed via check OR transferred in kind to another Fidelity nonretirement account depending on your selection in Section 4. The temporary account will be closed once the distribution or transfer is complete.
- All transactions made using this form are reported to the IRS as an HSA death distribution on Form 1099-SA. You may want to consult a tax advisor regarding the tax implications associated with your instructions.
- To determine if you need to obtain a state inheritance tax waiver, consult the deceased owner's state tax authority or your tax advisor to verify state legal requirements.
- **If you are a surviving spouse beneficiary of an HSA,** do not complete this form and instead contact Fidelity to obtain and complete the *Fidelity Health Savings Account* application to move your inherited assets into an HSA in your name.
- **If you are the representative of an estate, trust, entity, minor, or incapacitated individual beneficiary of an HSA,** do not complete this form and instead contact Fidelity to obtain and complete the *Estate, Trust, Individual with a Guardian/Conservator, or an Entity Beneficiary Distribution—Fidelity HSA®* form to claim your share of the HSA.
- If you use this form to direct Fidelity to liquidate any shares in the original HSA to be distributed via check, be aware that the timing of the transaction depends on when we receive this form, which is outside of your control. **Note:** Certain securities (such as options, certain fixed income securities, and thinly traded securities) may not be eligible to sell via this form, which may result in Fidelity not being able to process a withdrawal as requested.
- Any fees charged or expenses incurred in connection with your instructions will be assessed at the "rep-assisted" rates. Please refer to the *Schedule of Fees* for more information.

## 1. Deceased HSA Owner *Include a copy of the deceased's death certificate and a state inheritance tax waiver, if required by the deceased's state of residence.*

First Name	Middle Name	Last Name
Social Security/Individual Taxpayer ID Number	Fidelity HSA Account Number	
Date of Birth MM DD YYYY	Date of Death MM DD YYYY	

Form continues on next page. ►►

## 2. Your Information

Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Mobile phone number and email are required for account security, transactional alerts, and delivery of other communications.

First Name	Middle Name	Last Name
Date of Birth MM DD YYYY	Social Security/Individual Taxpayer ID Number	
Mobile Phone	Email	

By signing this form, you agree to conduct business with Fidelity electronically and to the electronic delivery of all account-related documents and communications. You consent to Fidelity's use of your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. For help with texts, reply HELP. To opt out of texts, reply STOP. You may also update your contact information at any time through your profile on [Fidelity.com](https://www.fidelity.com). Please look for an email to confirm your information and the terms of this consent.

### Residential Address (where you live) This is your legal address used for tax reporting.

Street Address		
City	State	ZIP Code

### Mailing Address This may be a PO box, drop box, or c/o location.

☐ Same as residential address ▶ Default if no other information indicated below.

Mailing Address		
City	State	ZIP Code

### Citizenship

Indicate your citizenship status. ▶

☐ U.S. citizen Do not complete the fields below. Skip to Income Source.

☐ Foreign citizen Information in this box must be completed.

Country of Citizenship

Choose one. ▶

☐ Permanent U.S. resident ☐ Nonpermanent U.S. resident ☐ Nonresident of U.S.

#### Government Identification Number

ID Number	Country of Issuance
ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY

Unexpired ID must include reference number and photo. Attach copy of ID.

☐ Passport Number ☐ Permanent Resident Identifier ☐ Other Government-Issued ID Number

Your Information continues on next page. ▶▶

**Income Source** Industry regulations require us to ask for this information.

Check one and provide information.

☐ Employed ☐ Self-employed

Occupation		Employer Leave blank if self-employed.	
Employer Address			
City	State/Province	ZIP/Postal Code	Country

☐ Retired ☐ Not employed

Source of Income Pension, investments, spouse, etc.
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**Associations**

As a person associated with a member firm, you are obligated to receive consent from that firm.

Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

If you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. Information (including duplicate copies of confirmations and statements for this account, and any accounts you choose to have on a consolidated statement) will be sent to the associated person's employer for purposes of compliance review.

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

**Affiliations**

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information below. If there are more than two Affiliates, make a copy of this section.

Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP

**3. Core Position**

Your core position ("Core Position") is where your money is held until you invest it. For your Core Position, please select from the options listed below.

- Check ONLY one.
- ☐ Fidelity® Government Money Market Fund (SPAXX) ▶ Default if no choice is indicated.
- ☐ Fidelity® Treasury Money Market Fund (FZFXX)
- ☐ FCASH (Taxable Interest Bearing Cash Option)

There may be other options available for your Core Position in addition to the ones listed here. If so, you can change your Core Position to one of these other options after your account is opened. For more information about how to do this, please contact Fidelity. In certain circumstances, such as when Fidelity determines that you reside outside the United States, the Core Position will operate differently. Please refer to the Agreement for further details.

Form continues on next page. ▶▶

## 4. Withdrawal Method

### Important to note:

- The timing of the transaction (i.e., when your trade is processed or shares are transferred) depends on when we receive this form, which is outside of your control.

- Once we receive this form in good order, you cannot cancel this distribution request.

- The account will be closed upon distribution.

Check one and provide all required information.

- ☐ Check sent to the mailing address provided in Section 2. All positions will be liquidated. Trades may take up to five business days to process once determined to be in good order. Certain securities may not be eligible to sell via this form. Examples of ineligible securities include options, certain fixed income securities, and thinly traded securities. **In the event that transactions cannot be processed within five business days of determining your request to be in good order, Fidelity will notify you and you may have to take additional action on the unsold positions within the account.** ► Default if no choice is indicated.

- ☐ Distribute to your Fidelity nonretirement account. All positions will be transferred in kind.

Fidelity Nonretirement Account Number	Fidelity Fund Name or Symbol <i>Mutual fund accounts ONLY</i>

## 5. Signature and Date *HSA Beneficiary must sign and date.*

**Please be sure to read all the language included on the following pages, as well as sign, date, and return all pages of this form (1–6) to Fidelity.**

By signing below, you:

- Authorize and request the custodian of the Fidelity HSA®, Fidelity Personal Trust Company and its agents, affiliates, employees ("FPTC" and together with Fidelity Brokerage Services LLC and National Financial Services LLC, "Fidelity"), or successor custodians, to execute the instructions you have provided above.
- Authorize Fidelity to establish a fiduciary account in the name of the beneficiary identified in Section 2, to transfer in kind all of such beneficiary's assets from the original HSA to the fiduciary account established with this form, and to close the fiduciary account established with this form after executing the instructions you have provided above.
- Affirm that you are at least 18 years old and legally authorized to enter into the agreements associated with this application in the state in which you reside.
- Certify that all information provided in this form is true, accurate, and complete.
- Agree that any information given on this form is subject to verification; authorize us to act on all instructions approved on this form, to obtain a credit or other financial responsibility report on you and, upon written request, to provide the name and address of the credit reporting agency used.
- Represent and warrant that if you have not completed the section titled Associations, you are not employed by nor associated with a broker-dealer, stock exchange, exchange member firm, FINRA, a municipal securities dealer, or any other financial institution, nor are you the spouse or immediate family member residing in the same household of such a person.
- Represent and warrant that if you have not completed the section titled Affiliations,

none of you, your spouse, nor any of your relatives living in your home are a control person or affiliate of a public company under SEC Rule 144.

- Acknowledge that you agree to the use of the Core Position to hold any assets of your account pending investment or other instructions, and that you have received and read the prospectus for the Core Position.
- Acknowledge that if no choice is indicated, the default Core Position will be the core account indicated in the Core Position section.
- Affirm that you have received, read, understand, and agree to be bound by the terms and conditions of the Fidelity Account Customer Agreement (the "Agreement"), this form, and the Schedule of Fees (which is incorporated into the Agreement by reference and legally forms a part of that document), as is currently in effect and as may be amended in the future. It shall inure to the benefit of Fidelity's successors and assigns, whether by merger, consolidation, or otherwise. Fidelity may transfer your account to its successors and assigns, and this Agreement shall be binding upon your heirs, executors, administrators, successors, and assigns.
- Acknowledge that you have received the description of the Core Position in the Agreement, including Fidelity's right to change the options available as Core Positions, and consent to having free credit balances held or invested in the Core Position indicated above.
- **Affirm that you could lose money by investing in a money market fund. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so.**

**An investment in the fund is not a bank account and is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Fidelity Investments and its affiliates, the fund's sponsor, is not required to reimburse money market funds for losses, and you should not expect that the sponsor will provide financial support to the fund at any time, including during periods of market stress.** Fidelity's government and U.S. Treasury money market funds will not impose a fee upon the sale of your shares.

- Consent to have only one copy of Fidelity mutual fund shareholder documents, such as prospectuses and shareholder reports ("Documents"), delivered to you and any other investors sharing your address. Your Documents will be househanded indefinitely; however, you may revoke this consent at any time by contacting Fidelity at 800-343-3548 and you will begin receiving multiple copies within 30 days. As Documents for other investments become available in the future, these Documents may also be househanded in accordance with this authorization or any notice or agreement you received or entered into with Fidelity or its service providers.
- Understand that, upon issuer's request in accordance with applicable rules and regulations, Fidelity will supply your name to issuers of any securities held in your account so you might receive any important information regarding them, unless you notify Fidelity.
- Understand that it is your responsibility to read the prospectus of the Core Position.
- Acknowledge that you have received and read either the full prospectus or summary prospectus for that fund.

Signature and Date continues on next page. ►►

- Acknowledge that if the prospectus you received was the summary prospectus, you have the right to request and review the full prospectus before you invest in the fund.
- Agree to indemnify and hold Fidelity harmless from and against any and all losses, liabilities, claims, and cost (including reasonable attorneys' fees) that are in any way connected with your instructions or with any telephone, Internet, or other electronic request for redemption so long as Fidelity transmits the redemption proceeds to the bank account identified above. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.
- Acknowledge that Fidelity will not be liable for any loss, cost, or expense arising out of your instructions, provided that it institutes reasonable procedures to prevent unauthorized transactions.
- Hereby constitute and appoint Fidelity your true and lawful attorney to surrender for redemption any and all shares held in the above-indicated accounts with full power of substitution in the premises.
- Acknowledge that Fidelity reserves the right to cease to act as agent in connection with the above appointment after provision of notice to the address noted on this form.
- Certify and agree that the certifications, authorizations, and appointments in this document will continue until Fidelity receives actual written notice of any change thereof.
- Agree to be responsible for any and all fees and charges that apply to the account.
- Upon transfer of assets due to any life event (death, divorce, etc.), and unless otherwise instructed, all dividend/interest income paid to the Transferor (Current Asset Holder) of \$100 or less will be systematically allocated to the Transferee (New Asset Holder) receiving the largest share proportion of the account assets. If the account is transferred evenly, the dividend/interest income will be systematically allocated to the last transferee paid.
- Acknowledge that you will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, you will receive a statement quarterly.
- Indemnify Fidelity from any liability in the event that you fail to meet any IRS requirement.
- Confirm, if you are not a U.S. person, that you have attached, or have on file with Fidelity, IRS Form W-8BEN that includes your U.S. or foreign tax identification number.
- Acknowledge that Fidelity is not responsible for changes in the value of assets that may occur during the distribution.
- Acknowledge that any portion of the Fidelity HSA inherited will cease to be HSA assets as of the date of death of the Fidelity HSA account owner and will be treated as income to you.
- Acknowledge that payment to beneficiaries of a Fidelity HSA will be made according to the rules of succession described in the applicable Custodial and Customer Agreements.
- Certify that a state tax waiver is not required to effect this transfer, or if required, is enclosed with this form or will be submitted promptly when obtained. If a state tax waiver is required and not submitted, distributions will be restricted, unless permitted under state law. Once the state tax waiver is received, the restriction will be removed.

*Customers requesting trade processing:*

- Authorize Fidelity to process trades on your behalf.
- Acknowledge that you are delegating to Fidelity the discretion to determine the price and time at which certain securities should be sold pursuant to your instructions contained in this form.
- Acknowledge that trades may take up to five business days to process once the request is received and determined to be in good order, and that your authorization shall remain in effect during the entire period.
- Acknowledge that certain securities cannot be sold through this form and may require you to take additional action on the unsold positions within the account.

To help the government fight financial crimes, federal regulation requires Fidelity to obtain and verify your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

**You acknowledge that this account is governed by a predispute arbitration clause, which appears on the last page of the Agreement, and that you have read the predispute arbitration clause.**

**By signing below, you acknowledge that you have read, understand, and agree to be bound by the provisions of this form, including the above terms and conditions for this account.**

**A Medallion signature guarantee is required if the transaction is greater than \$100,000.**

*If the form is completed at a Fidelity Investor Center, the Medallion signature guarantee is not required. You can get a Medallion signature guarantee from most banks, credit unions, and other financial institutions. A notary seal/stamp is NOT a Medallion signature guarantee.*

PRINT HSA BENEFICIARY NAME	
SIGN	HSA BENEFICIARY SIGNATURE
	X
DATE	TODAY'S DATE MM/DD/YYYY
	X

▼ MEDALLION SIGNATURE GUARANTEE ▼

Form ends here.



**Did you sign the form?** Send the ENTIRE form, death certificate, and a state inheritance tax waiver, if required, to Fidelity Investments.

**Questions?** Call 800-544-0003.

**Regular mail**

Fidelity Investments  
PO Box 770001  
Cincinnati, OH 45277-0039

**Overnight mail**

Fidelity Investments  
Attn: Account Reregistration Services  
100 Crosby Parkway KC1C  
Covington, KY 41015

*On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 803038.7.0 (08/24)*

