

Account Information (Please print):

Account Type: Idaho MSA HSA

Account Holder's Name: _____

Account Number or SSN: _____ Date of Birth: _____

Primary phone #: _____

Reason for account closure:

Distributions from your Idaho Medical Savings Account (MSA) or Health Savings Account (HSA) that are not used to pay qualified expenses which have already occurred are considered taxable income and may be subject to tax penalties.

By my signature below I authorize my account to be closed at Idaho Independent Bank. I understand Idaho Independent Bank may assess a closure fee.

Account Holder's Signature

Date

Submit completed forms to Idaho Independent Bank

Fax: (208) 947-1159 or

Email: HealthcareAccounts@iibk.net

800-897-4863

HealthcareAccounts@iibk.net

www.theidahobank.com

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