

**HSA DISTRIBUTION
REQUEST FORM**

Rational Funds

Use the **HSA Distribution Request Form** for all requests for a distribution from the HSA. If you have any questions regarding this form, please call Shareholder Services at 1-800-253-0412.

PART I: HSA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

Name* (First, M.I., Last)	Date of Birth*	Social Security Number*
Street Address (Physical Address)*	Apt #	City*
	State*	Zip Code*
Daytime Phone*	HSA Account/Plan Number*	

PART II: DISTRIBUTION INFORMATION

Person/Entity Requesting Distribution:	Distribution Reason:
<input type="checkbox"/> HSA Owner	<input type="checkbox"/> Normal
<input type="checkbox"/> Authorized Signer: _____	<input type="checkbox"/> Disability
<input type="checkbox"/> Beneficiary: _____	<input type="checkbox"/> Death
Tax ID Number: : _____	<input type="checkbox"/> Prohibited Transaction
DOB: _____	<input type="checkbox"/> Transfer
Address: _____	<input type="checkbox"/> to another HSA of owner <input type="checkbox"/> to HSA of ex-spouse
Relationship to HSA Owner: <input type="checkbox"/> Spouse Beneficiary <input type="checkbox"/> Non-spouse	<input type="checkbox"/> Return of Excess Contribution
<input type="checkbox"/> Estate	In what year was the contribution made?: <input type="checkbox"/> Current <input type="checkbox"/> Prior Year
Year of Death: _____	Excess Contribution Amount: \$ _____
	Earnings Attributable to Excess: \$ _____

PART VI: ACKNOWLEDGEMENT AND NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

By signing this *HSA Distribution Request Form*, I certify that the information I have provided is true and correct. I understand that I am solely responsible for ensuring I am eligible to authorize this distribution, and I assume all responsibilities for any consequences as a result of my actions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error.

Signature of HAS Owner (or authorized signer):

X _____ Date: _____

Signature of HAS Trustee/Custodian Representative:

X _____ Date: _____

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

Note: The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
 Rational Funds
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Rational Funds
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208