



Request to Close and Transfer Health Savings Account

If you would like to close your Health Savings Account at Chase, complete and return this form to HealthEquity by **December 17, 2014** to receive your balance transfer by **February 6, 2015**.

Forward your completed form to the address below or fax it to 520-844-7090. For any additional questions regarding the closure of your HSA, please contact Chase HSA Member Services at 866-524-2483.

If you have opened an HSA Investment Account, you must contact J.P. Morgan Institutional Investments, Inc. (JPMII) at 866-774-7129 to request liquidation of your investments and closure of the Investment Account prior to returning this form. If your HSA Investment Account has a zero balance, you hereby instruct JPMII to close the Investment Account. The HSA cash account cannot be closed until the investments have been liquidated.

Account Information and Mailing Address:

Last 9 Digits of the Health Savings Account #: xxx _____

Where to find your HSA account number: Log into Aetna.com, select "Health Savings Account - Access Your Account." From the Aetna HealthFund® Health Savings Account page, select "Statements." Your HSA account number is provided on the top of each statement.

Employer Name: Rockwell Automation

First Name: _____ M.I. ____ Last Name _____

Daytime Telephone #: (____) _____ Social Security Number: ____ - ____ - _____

Street/Apt: _____

City: _____ State: _____ Zip code: _____

Account Holder Request and Authorization to Close Health Savings Account

Please close my Health Savings Account and disburse the funds as directed below. I understand that Chase will wait 10 days to allow any outstanding debit card transactions to settle before transferring any remaining account balance less any applicable Account Closing fee.

Account Holder's Signature _____ Date: _____

Funds Disbursement Option 1: HSA Trustee-to-Trustee Transfer

You may instruct Chase to transfer funds from your Chase HSA to a new HSA at another institution by completing the information below.

- Please transfer the funds in my HSA listed above to my new Health Savings Account at the institution listed below. The funds will be transferred and made payable to the new custodial institution and forward it directly to them.*

Custodial Institution Name: Health Equity

Institution Address: 15 W. Scenic Point Dr., Ste 400

City: Draper State: UT

Zip Code: 84020 - _____