ALLIANT credit union

PO Box 66945, 11545 W. Touhy Avenue Chicago, IL 60666-0945
800-328-1935 **www.alliantcreditunion.org**

HSA ROLLOVER AUTHORIZATION

~ HSA owner's name (member)	~ Member account number	~ amount of rollover

(Irrevocable Tax Treatment)

The rollover deposit must be made to the account within 60 days from the date you withdrew funds from your HSA. Alliant must receive this form within 30 days following the date of deposit, or the funds will be withdrawn and returned to you. If you are opening a new Health Savings Account at Alliant with this deposit, you must also complete an HSA application and receive additional disclosures and agreements. Please visit our website www.alliantcreditunion.org , your nearest Service Center or call 800-328-1935 (24/7) to obtain these documents.

Check one box only.

This rollover contribution is all or part of a distribution from another HSA or Archer MSA owned by me or my deceased spouse, which was disbursed during the past 60 days. During the last 12 months, I have not received any assets from this account which I subsequently rolled over to another HSA or Archer MSA. Only **ONE** Rollover is allowed per 365 days.

- ☐ Rollover from a Health Savings Account to a Health Savings Account.
- ☐ Rollover from a Archer MSA to a Health Savings Account.
- ☐ Rollover from my Traditional IRA to my Health Savings Account. (Allowed only one time) **process at Alliant HDQ only**

_____ member's signature (required)	_____ date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION – FAX: 773-462-8735