

Health Savings Account (HSA) WITHDRAWAL

member's name:	member account no.:
address:	daytime phone no.:
country:	social security #:
	withdrawal amount:

CHECK THE APPROPRIATE TYPE OF WITHDRAWAL

<u>Service Center Withdrawals</u> ☐ 1 –NORMAL DISTRIBUTION ☐ 3 –DISABILITY
<u>Withdrawals Processed by IRA/HSA Specialist - HDQCU</u> ☐ 1 –NORMAL DISTRIBUTIONS – To surviving spouse after year of death. ☐ 4 –DEATH WITHDRAWAL – In year of death or withdrawal to owner's estate after year of death. ☐ 6 –DEATH WITHDRAWAL – Withdrawal in later year to non-spouse beneficiary ☐ 2 – EXCESS CONTRIBUTION WITHDRAWAL — I made this excess contribution on _____. Must be made before the early withdrawal deadline (Tax reporting due date) \$ _____ Income attributable to withdrawal contribution (calculated by Alliant Representative) ☐ 0 –DIRECT TRANSFER TO AN HSA OWNED BY MY EX-SPOUSE – This form must be signed by member in addition to receiving the properly signed transfer from the other institution. We also require a copy of the divorce decree.

Mail to: ☐ home address

or

Deposit to my Alliant CU:

☐ savings☐ supplemental savings☐ Alliant checking

Remarks: _____

credit union representative's authorized signature_____
date_____
member's signature (required)_____
date**RETURN COMPLETED FORM TO ALLIANT CREDIT UNION – FAX: 773-462-8735**