11545 W. Touhy Avenue, P.O. Box 66945, Chicago, IL 60666 ph: 800.328.1935 www.alliantcreditunion.org

ALLIANT. credit union

Request for Return of HSA Distribution

Please use this form to have funds returned to your Alliant Health Savings Account (HSA)

_____	_____	$_____
Print HSA Owner's Name (Member)	Alliant HSA Account Number	Total Amount

Please check appropriate box:

☐ I wrote a check or used my HSA VISA® Debit Card for a non-qualified medical expense.

☐ I received reimbursement from my insurance company or physician for a medical bill already paid from my HSA.

Please check appropriate box:

☐ Check(s) attached for re-deposit

☐ Transfer funds from my Alliant savings account # _____

☐ Transfer funds from my Alliant checking account # _____

_____	____/____/_____
HSA Owner's Signature	Date (mm/dd/yyyy)

Please return completed form by mail to:
Alliant Credit Union
Attn: IRA/HSA Services
P.O. Box 66945
Chicago, IL 60666-0945

For your convenience, if you are requesting to transfer funds, you may fax this form to:
773-462-8735 Attn: IRA/HSA Services

If you have any questions please call 800-328-1935 ext. 2291

A509-R08/09

Equal Housing Lender

Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency