



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

