



11545 W. Touhy Avenue, P.O. Box 66945, Chicago, IL 60666 800-328-1935 www.alliantcreditunion.org

REQUEST TO TRANSFER HEALTH SAVINGS ACCOUNT (HSA) TO AN ALLIANT CREDIT UNION HSA

Section I: Alliant member complete Section I and Mail Completed Form To The Financial Institution from which funds will be transferred.

name of financial institution where funds are currently on deposit

account number(s)

street address

name on account

city, state, zip code

country

Withdraw:

All funds immediately or on (date) and close my account.

\$ immediately or on (date)

Check one box only:

A. HSA to HSA

B. Archer MSA to HSA

This serves as my authorization to convert HSA/MSA funds being held in my name to cash as indicated and to initiate a direct transfer to Alliant Credit Union.

member's signature

date

Section II: Instructions to current HSA Custodian/Trustee Financial Institution.

Make check payable to: Alliant Credit Union, FBO (For Benefit Of)

Member's name

Alliant Credit Union HSA account no.

Return a copy of this form along with the transfer check to:

Regular Mail: Alliant Credit Union, P.O. Box 66945, Chicago, IL 60666-0945

Overnight Mail: Alliant Credit Union, 11545 W. Touhy Ave., Chicago, IL 60666-0945

Alliant Credit Union accepts appointment as successor custodian of the HSA funds for the above account.

Handwritten signature

Manager, Member and Special Services