

**Health Savings Account (HSA) WITHDRAWAL**

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

**CHECK THE APPROPRIATE TYPE OF WITHDRAWAL**

<p><b><u>Service Center Withdrawals</u></b></p> <p><input type="checkbox"/> 1 –NORMAL DISTRIBUTION</p> <p><input type="checkbox"/> 3 –DISABILITY</p>
<p><b><u>Withdrawals Processed by IRA/HSA Specialist - HDQCU</u></b></p> <p><input type="checkbox"/> 1 –NORMAL DISTRIBUTIONS – To surviving spouse after year of death.</p> <p><input type="checkbox"/> 4 –DEATH WITHDRAWAL – In year of death or withdrawal to owner's estate after year of death.</p> <p><input type="checkbox"/> 6 –DEATH WITHDRAWAL – Withdrawal in later year to non-spouse beneficiary</p> <p><input type="checkbox"/> 2 –EXCESS CONTRIBUTION WITHDRAWAL — I made this excess contribution on _____.</p> <p>Must be made before the early withdrawal deadline (Tax reporting due date)</p> <p>\$ _____</p> <p>Income attributable to withdrawal contribution (calculated by Alliant Representative)</p> <p><input type="checkbox"/> 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.</p>

 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**