

Everence HSA Distribution Request



Use this form to request a distribution (withdrawal) from your Everence HSA share account. **Please print in dark ink** and fax the completed form to 717-735-8331 or mail it to Everence HSA administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602. **Please do not send copies of bills with this form.** For questions about HSA distributions, call 800-451-5719.

HSA account owner's name _____

HSA account number _____

Amount requested \$ _____

This is a complete distribution of all of the funds in my Everence HSA share account, and I wish to close my HSA at this time. I understand this request will liquidate any investments and the proceeds will be deposited in my HSA checking account.

Authorized signature

I certify that the information on this form is correct and that I am the proper party to authorize this distribution. I understand that if my distribution request exceeds the amount of my HSA share account balance, I will only receive what is available to me in my HSA share account and must request liquidation of investments separately.

Account owner's/authorized representative's signature

Date

Everence Federal Credit Union
2160 Lincoln Highway E., Ste. 20 Toll-free: 800-451-5719
Lancaster, PA 17602-1150 F: 717-735-8331
everence.com infocu@everence.com

Office use only
Date received _____
Date processed _____
By _____
Check number _____
Date mailed _____
Investment liquidation date _____