

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 (574) 537-3627 or mail it to Everence HSA administration, P.O. Box 483, Goshen, IN 46527. **Please do not send copies of bills with this form.** For questions about HSA distributions, call (800) 348-7468 ext. 2460, or email hsaservice@everence.com.

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. If I have HSA investments, I understand my HSA cannot be closed until I request liquidation of the investments and the proceeds are deposited in my HSA share 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
1110 N. Main St. Toll-free: (800) 348-7468
P.O. Box 483 T: (574) 533-9511
Goshen, IN 46527
everence.com

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