

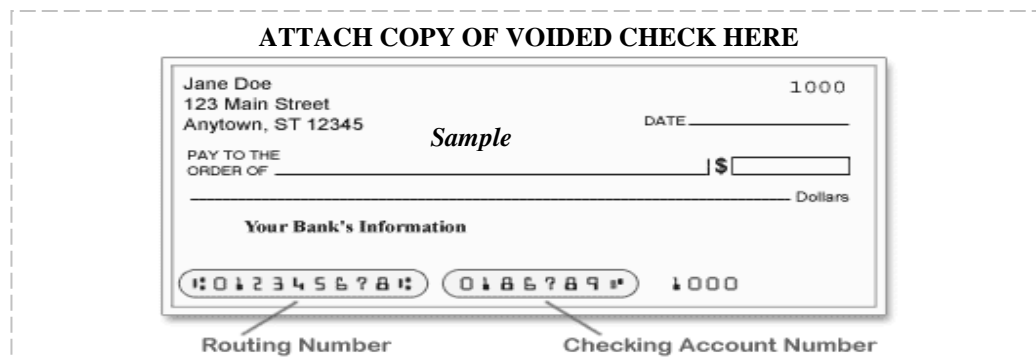
HEALTH SAVINGS ACCOUNT Distribution Request Form

You may complete this form and mail or fax. Fees may apply and will be deducted from your health savings account for each distribution form submitted. NOTE: Only distribution requests for Normal Distribution (Eligible/Ineligible Medical Expenses) may completed via your online account.

A. General Information			
Name		Social Security #	
Employer Name (if applicable)		Address	
Email address		City, State, Zip	
Daytime Phone		Home Phone	

B. Distribution Information			
Distribution amount	\$ _____	<input type="checkbox"/> Check	Method of distribution
Do not send your eligible medical expense receipts with your distribution request. All receipts should be kept for your tax records.		<input type="checkbox"/> Direct Deposit	(For direct deposit, complete Section C)
Reason for distribution	<input type="checkbox"/> Eligible Medical Expense (\$10 fee) <input type="checkbox"/> Excess Contribution Removal (\$15 fee) <input type="checkbox"/> Ineligible Medical Expense (\$10 fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this distribution close the account? (\$25 closing fee)

C. Direct Deposit Information (if applicable)			
Bank Name		Bank Phone	
Deposit Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number	
		Bank Account Number	



- I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by American Fidelity. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that American Fidelity shall in no way be held responsible.
- I hereby authorize American Fidelity to make deposits to my account. I understand that it will take approximately 7-10 business days from the date that American Fidelity receives this authorization for the direct deposit to occur. I understand that it is my responsibility to notify American Fidelity of any changes to my bank account number and routing number. If I fail to notify American Fidelity of any changes, I will be responsible for reimbursing American Fidelity for all applicable bank charges.

Signature of Accountholder

Date