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HSA Distribution Request Form

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Year Other (Tax and penalties may apply to	A. General Informa	uon				
Address	Name		Sor			
B. Distribution Information  Distribution amount  \$			Ad			
B. Distribution Information    Method of distribution   Method of distr	Email address		City	City, State, Zip		
Method of distribution  (For direct deposit, complete Section C)  Direct Deposit - This is the fastest way to receive your fur Check  The Adollars have been invested, requested distributions must not bring your HSA core account below \$2,500.  Check  The Do not send your eligible medical expense receipts with your distribution  request. All receipts should be kept for your tax records.  The Adollars have been invested, requested distributions must not bring your HSA core account below \$2,500.  Check  This is the fastest way to receive your fur Check  Reason for distribution  Eligible medical expense Excess contribution removal Year Other (Tax and penalties may apply to distributions other than for eligible medic expenses.)  C. Direct Deposit Information (if applicable)  Bank Name  Bank Phone  Deposit Account  Bank Routing Number  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 to tax advice has been given to me by American Fidelity, All decisions regarding this distribution are my own. I expressly assume the responsibility for a adverse consequences which may arise from this distribution and gree 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 t American Fidelity receives this authorization for the direct deposit to occur. I understand that it is my responsibility to notify American Fidel 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 reimbo	Daytime Phone		Ho	ne Phone		
(For direct deposit, complete Section C)    HASA dollars have been invested, requested distributions must not bring your HSA core account below \$2,500.     HASA dollars have been invested, requested distributions must not bring your HSA core account below \$2,500.     Direct Deposit - This is the fastest way to receive your function request. All receipts should be kept for your tax records.     Do not send your eligible medical expense receipts with your distribution request. All receipts should be kept for your tax records.     Bank Phone     Checking     Bank Routing Number     Deposit Account     Checking     Bank Account Number     Checking     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 to tax advice has been given to me by American Fidelity. All decisions regarding this distribution are my own. I expressly assume the responsibility for a adverse consequences which may arise from this distribution and I agree that American Fidelity receives this authorization for the direct deposit to occur. I understand that it is my responsibility to notify American Fidelity 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 reimbu	3. Distribution Info	rmation				
Reason for distribution  Page 2  Cher (Tax and penalties may apply to distributions other than for eligible medic expenses.)  Reason for distribution  Page 2  Cher (Tax and penalties may apply to distributions other than for eligible medic expenses.)  Reason for distribution  Page 2  Cher (Tax and penalties may apply to distributions other than for eligible medic expenses.)  Reason for distribution and page 3  Fixed 2  Sank Phone  Bank Phone  Bank Routing Number  Bank Account Number  Deposit Account  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 t tax advice has been given to me by American Fidelity. All decisions regarding this distribution are my own. I expressly assume the responsibility for a 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 is my responsibility to notify American Fidel 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 reimbor	HSA dollars have been invest	ed, requested distributions must not bring your HSA core		☐ Direct Dep	or direct dep	posit, complete Section C)
Bank Phone  Deposit Account  Checking Bank Routing Number  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 t tax advice has been given to me by American Fidelity. All decisions regarding this distribution are my own. I expressly assume the responsibility for a 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 to American Fidelity receives this authorization for the direct deposit to occur. I understand that it is my responsibility to notify American Fidelity 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 reimbour			ur distribution	Reason for distribution		Excess contribution removal Year Other (Tax and penalties may apply to distributions other than for eligible medical
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