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 e-mail 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

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