



## HSA WITHDRAWAL STATEMENT

HSA ACCOUNT OWNER'S NAME AND ADDRESS			HSA CUSTODIAN'S NAME, ADDRESS, AND PHONE	
			BCU	
			340 N. Milwaukee Ave	
			Vernon Hills, IL 60061	
Social Security Number	Date of Birth	Home Phone	Member Number	Custodian's Phone Number
				800-388-7000

DISTRIBUTION INFORMATION	
<b>Distribution Reason</b>	
<i>I direct the Custodian to make a distribution from the HSA for the following reason:</i>	
<input type="checkbox"/> Normal	<input type="checkbox"/> Disability <input type="checkbox"/> Prohibited Transaction
<b>Distribution Amount</b>	
<input type="checkbox"/> Entire Amount	<input type="checkbox"/> Specify Amount \$ _____

### General Terms and Conditions Applicable to Withdrawal

**Normal Distributions** are distributions received for payment or reimbursement of qualified medical expenses and all other distributions except disability, death, transfer, prohibited transaction, revocation, and correction of excess contribution.

**Disability Distributions** are distributions due to a disability, as defined under IRC Section 72(m)(7), that renders you unable to engage in any substantial gainful activity and is medically determined to continue for at least 12 months or lead to your death.

**Prohibited Transaction Distributions** are distributions that do not qualify as a normal distribution, disability, death, transfer, prohibited transaction, revocation, or correction of excess contribution.

*Qualified Medical Expenses are expenses paid by you, your spouse, or your dependents for medical care as defined in section 213(d) (including non prescription drugs as described in Revenue Ruling 2003-102, 2003-38 I.R.B. 559), but only to the extent the expenses are not covered by insurance or otherwise. The qualified medical expenses must be incurred only after the HSA has been established.*

**NOTE:** *Tax penalties may apply to certain types of HSA distributions. Please consult with a tax professional if you are taking a distribution for any reason other than to pay or reimburse a qualified medical expense. For more information, refer to Internal Revenue Code (IRC) Section 223 and all additional Internal Revenue Service (IRS) guidance, IRS publications that include information about HSAs, IRS Publication 505-Tax Withholding and Estimated Tax, instructions to your federal income tax return, your local IRS office, or the IRS's web site at [www.irs.gov](http://www.irs.gov).*

<b>SIGNATURES</b>
<p>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.</p> <p>I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible or liable.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(HSA Account Owner) <span style="float: right;">_____</span> (Date)</p>