

Please consult a tax advisor before making a distribution / withdrawal to determine any possible tax implications.

## PART 1: OptumHealth Bank Contact Information

### By Mail:

OptumHealth Bank  
P.O. Box 271629  
Salt Lake City, UT 84127

### By Fax:

1-866-314-9795 – Fax with a copy of a voided PERSONAL check from the account that is to be credited.

### Questions?

Please refer to the phone number on the back of your Debit Card.

Customer care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

**IMPORTANT NOTE: WE ARE UNABLE TO PROCESS REQUESTS THAT DO NOT INCLUDE A VOIDED PERSONAL CHECK.**

## PART 2: Account Holder Authorization

I authorize OptumHealth Bank to initiate credit entries, and adjusting entries, through the regional automated clearing house ("ACH") associations, subject to the operating rules and regulations of the National Automated Clearinghouse Association ("NACHA") to my bank account indicated below at the depository financial institution named below, and to debit the value of such ACH debit entries to the account I maintain at OptumHealth Bank. I understand that I may revoke this authorization by giving at least sixty (60) days written notice of cancellation to OptumHealth Bank at the address listed above, and that the revocation will not apply to transactions initiated prior to the Bank's receipt of the notice, or to adjusting entries on previous transactions. I represent that I am the owner of the OptumHealth Bank account listed below and that I have the legal right to provide this authorization.

**X**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
OptumHealth Bank Account # to DEBIT

\$

\_\_\_\_\_  
Printed Name of Account Holder

\_\_\_\_\_  
Amount of Withdrawal / Distribution

\_\_\_\_\_  
Daytime Telephone Number

## PART 3: Bank Information for Account to be CREDITED

<b>Bank Name:</b>	<b>Bank Address:</b>
<b>City/State/ZIP:</b>	<b>Bank Routing Number:</b>
<b>Bank Account Number to CREDIT:</b>	