



CONTRIBUTION AND INVESTMENT SELECTION

PART 1. HSA OWNER

Name (First/MI/Last) _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____ Suffix _____

PART 2. HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian

Name _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Phone _____ Organization Number _____

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

- 1. Regular** (Includes catch-up contributions as well as qualified HSA funding distributions from an IRA)
 Contribution for Tax Year _____ (Qualified HSA funding distributions from an IRA must be made for the current tax year)
- 2. Rollover** (Distribution from an HSA or Archer MSA that is being deposited into this HSA)
 By selecting this transaction, I irrevocably designate this contribution as a rollover.
- 3. Transfer** (~~Direct movement of assets from an HSA or Archer MSA into this HSA~~)

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION (Complete this section as applicable.)

Investment Description	Quantity or Amount	Status (new or existing)	Investment Number	Term or Maturity Date	Interest Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DEPOSIT METHOD

Cash or Check (If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this HSA.)

Internal Account

Account Number _____ Type (e.g., checking, savings, HSA) _____

~~**External Account** (e.g., EFT, ACH, wire)~~

~~Name of Organization Sending the Assets _____ Routing Number (optional) _____~~

~~Account Number _____ Type (e.g., checking, savings, HSA) _____~~

~~Deposit Taken by _____~~

PART 5. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above.

X _____
Signature of HSA Owner

_____ Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO HSA CONTRIBUTIONS

HSA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

The total amount you may contribute to an HSA for any tax year cannot exceed the published annual limit. A qualified HSA funding distribution is a one-time direct movement of assets from a Traditional IRA or Roth IRA, and is treated as a regular HSA contribution.

- You may make a contribution for the prior year up until your tax filing deadline for that year, not including extensions.
- If you are age 55 or older by the end of the year, you may be eligible to make an additional catch-up contribution to an HSA for that tax year.

ROLLOVER

A rollover is a distribution and a subsequent tax-free movement of assets from any of your other HSAs or Archer medical savings accounts (MSAs) to your HSA.

- You may roll over only one contribution to any HSA in a 12-month period.
- A rollover generally must be completed within 60 days from the date you receive the assets.

TRANSFER

~~A transfer is a direct movement of assets to your HSA from any of your other HSAs or Archer MSAs. You may perform an unlimited number of transfers.~~