



# HSA CONTRIBUTION/INVESTMENT FORM

<b>HSA ACCOUNT OWNER'S NAME AND ADDRESS</b>			<b>HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS</b>	
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Home Phone</b>	<b>HSA Account Identification</b>	<b>Trustee's or Custodian's Phone Number</b>

Check here if this is a change of investment, and complete only the investment information and change of investment sections.

CONTRIBUTION INFORMATION			
<b>Contribution Date</b>	<b>Contribution Amount</b>	<b>Contribution For Tax Year*</b>	<b>Contribution Type</b>
			<i>Select One:</i> <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Mistaken Distribution
*Only applicable for regular contributions.			

INVESTMENT INFORMATION					
Complete one of the following options.					
<b>OPTION ONE</b>	<b>Depository Investment</b>				
<b>Account or Certificate Number</b>	<b>Status (new or existing)</b>	<b>Date Opened</b>	<b>Term Or Maturity Date</b>	<b>Interest Rate</b>	<b>Investment Type</b>
				%	
<b>OPTION TWO</b>	<b>Self-Directed Investment</b>				
<b>Investment Number</b>	<b>Quantity Or Amount</b>	<b>Asset Description</b>			
1.					
2.					
3.					
4.					

CHANGE OF INVESTMENT				
Complete if applicable.				
Complete this information for the investment instrument (e.g., certificate of deposit) which has been surrendered or is maturing. You must also complete the Investment Information section above to indicate the new investment.				
<b>Current Investment Number</b>	<b>Quantity Or Amount To New Investment</b>	<b>Earnings In Current Year**</b>	<b>Loss Of Earnings Penalty</b>	<b>Close Investment?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*Organizations using BISYS' data processing should only include the earnings (e.g., interest, dividends, etc.) since the organization last reported earnings for this year.

<b>SPECIAL INSTRUCTIONS</b>	<b>SIGNATURE</b>
	<p>I understand all investments are deposited and accepted subject to all applicable Federal and state laws and regulations of this organization presently existing or at any time hereafter issued. I certify that the deposit described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above. I certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.</p> <p>_____ (Date)</p> <p>_____ (HSA Account Owner)</p>

<b>Deposit Taken by</b>

## Rules And Conditions Applicable To Contributions

Various types of contributions may be made to your Health Savings Account (HSA). Federal law limits the amount which may be contributed and the date by which such contributions may be made. By properly completing this form you are authorizing the Trustee or Custodian to accept the HSA contribution described on this form and you are certifying that you are eligible to make such contribution. HSA contribution rules are often complex. If you have any questions regarding a contribution, please seek a competent tax professional.

An HSA allows for tax deductible contributions and tax-free distributions if amounts are used for qualifying medical expenses.

### **REGULAR**

The total amount you may contribute to an HSA for any taxable year cannot exceed the applicable limit for that year. In addition, if you are age 55 or older by the end of the taxable year, you are eligible to make additional catch-up contributions to your HSA for that year. Qualified HSA funding distributions taken from your IRA and directly deposited to your HSA are also reported as regular HSA contributions. Refer to *IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans*, for more information. This publication is available from your local IRS office, on the IRS Internet Website at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

### **ROLLOVER AND TRANSFER**

Rollover and transfer are terms used to describe tax-free movements of cash or other property to your HSA from any of your other HSAs or Archer MSAs. A health flexible spending arrangement (Health FSA) or health reimbursement arrangement (HRA) may also be directly rolled over to your HSA.

### **MISTAKEN DISTRIBUTION**

An HSA Trustee or Custodian may or may not allow the return of mistaken distributions. The Trustee or Custodian may rely on the HSA Account Owner's representation that the distribution was, in fact, a mistake. Mistaken distributions that are redeposited are not reportable.