



# HSA CONTRIBUTION/INVESTMENT FORM

HSA ACCOUNT OWNER'S NAME AND ADDRESS				HSA TRUSTEE'S OR CUSTODIAN'S NAME, ADDRESS AND PHONE	
Social Security Number	Date of Birth	Home Phone	Business Phone		

HSA Account Identification	Contribution Date	Contribution Amount	Contribution Type	Contribution For Tax Year	Type of Activity
			<input type="checkbox"/> Regular <input type="checkbox"/> Rollover <input type="checkbox"/> Transfer <input type="checkbox"/> Mistaken Distribution*		<input type="checkbox"/> Initial Contribution <input type="checkbox"/> Change of Investment <input type="checkbox"/> Contribution to Existing HSA

\*According to IRS Notice 2004-50, an HSA Trustee or Custodian may allow the return of mistaken distributions. The Trustee or Custodian may rely on the Account Owner's representation that the distribution was, in fact, a mistake.

Complete the applicable options below.

OPTION ONE	INVESTMENT INFORMATION - DEPOSITORY INVESTMENT				
Account or Certificate Number	Status <i>(new or existing)</i>	Date Opened	Term or Maturity Date	Interest Rate	Investment Type
				%	

OPTION TWO	CHANGE OF INVESTMENT			
<i>Complete this information for the investment instrument (e.g., certificate of deposit) which has been surrendered or is maturing.</i>				
Transfer from Investment Number	Amount Transferred to New Investment	Earnings in Current Year**	Loss of Earnings Penalty	Investment Closed?
				<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.

OPTION THREE	INVESTMENT INFORMATION - SELF-DIRECTED INVESTMENT	
Investment Number	Quantity	Asset Description

SPECIAL INSTRUCTIONS

SIGNATURES	
<i>Important: Please read before signing.</i>	
I understand the eligibility requirements for the type of HSA deposit I am making and I state that I qualify to make the deposit.	
I assume complete responsibility for:	
<ol style="list-style-type: none"> <li>Determining that I am eligible for an HSA each year I make a contribution.</li> <li>Ensuring that all contributions I make are within the limits set forth by the tax laws.</li> <li>The tax consequences of any contributions (including rollover contributions) and distributions.</li> </ol>	
_____	_____
(HSA Account Owner)	(Date)
_____	_____
(Witness)	(Date)
_____	_____
(Authorized Signature of Trustee or Custodian)	(Date)