HSA (Health Savings Account)

CONTRIBUTION

_____
Name of Financial Organization

HSA Owner Information

_____ _____ _____
Name Social Security Number Daytime Phone Number

_____ _____
Address City/State/Zip

Deposit Information

_____
Account Number

_____
Amount of Deposit

Type of Deposit:

- ☐ Regular for Tax Year:_____ (including a QHFD from an IRA)
- ☐ Rollover or transfer from an HSA
- ☐ Rollover or transfer from an Archer MSA, a health FSA, or an HRA
- ☐ Other: _____

Signature

I certify that, to the best of my knowledge, the information provided on this form is true and correct and it may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

_____ _____
Signature of HSA Contributor Date

Office Use Only