Deposit

HEALTH SAVINGS ACCOUNT

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish documenting the deposit to the account.

OWNER INFORMATION

Last Name _____ **First** _____ **MI** _____

Tax ID _____ **Date of Birth** _____

Account Type
Health Savings Account

Account Number _____

FINANCIAL ORGANIZATION INFORMATION

Financial Organization

_____

_____

_____

Email

_____

Phone

_____

DEPOSIT INFORMATION

Deposit Type

- ☐ Regular Contribution
- ☐ Prior-Year Contribution
- ☐ Transfer
- ☐ Rollover
- ☐ Qualified HSA Funding Distribution

Amount _____

Tax Year _____

Date of Deposit

_____

Deposit Method

- ☐ Cash
- ☐ Check payable to: _____
  Date on check: _____ (MM/DD/YYYY)
- ☐ Transfer from account# _____
  at _____
  Source of assets (where money is coming from):
  - ☐ HSA
  - ☐ IRA
  - ☐ Archer MSA
  - ☐ Non-health account (i.e., checking, savings)

INVESTMENT OPTIONS

Name	Minimum Deposit	Dividend Rate	Annual Percentage Yield	Investment Number	Amount

SIGNATURE

I certify that the **Deposit** described above is eligible to be contributed to the HSA. I understand that my investment decisions regarding my account are my sole responsibility and I have been advised to seek competent tax and investment advice. I authorize the Trustee to invest my assets as instructed above, and I will indemnify and hold the Trustee harmless from any consequences related to executing my directions. If I have indicated any amounts as regular contribution for a prior year, I understand the contributions will be credited for the prior tax year. I certify that any deposits I indicate as a "rollover" satisfy the HSA rollover requirements. If the contribution contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If the contribution contains dollars directly transferred from an IRA as a qualified HSA funding distribution, I irrevocably designate this deposit as a qualified HSA funding distribution. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee.

Print Account Owner Name _____

Account Owner Signature _____

Date _____

Print Trustee Representative Name _____

Trustee Representative Signature _____

Date _____