



# 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** \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
 Signature of HSA Owner

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## **RULES AND CONDITIONS APPLICABLE TO HSA CONTRIBUTIONS**

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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](http://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.