

## Step 1: Accountholder Information

| *=Required Field  | ls  |   |   |                            |                              |
|---|---|---|---|----------------------------|------------------------------|
| *Employer Name  | e (If sponsored by an employer  | nlan)   |   |                            |                              |
|   |   |   |   |                            |                              |
|   | · · · · · · · · ·   |   |   |                            |                              |
| *Member Name  | (First, MI, Last)   |   | *Social Secu  | rity Numbe                 | r                            |
| -   |   |   |   |                            |                              |
| *Day Telephone  |   | *Birth Date (MM/DD/YY   | YY)   |                            |                              |
|   |   |   |   |                            |                              |
| *Permanent Add  | ress  | *City   |   | *State                     | *Zip Code                    |
| Contribution Amo<br>Note: Prior year de<br>contribute to an HS<br>it was received.<br>Regular<br>Catch-up<br>Mistaken<br>Please make ch | posits must be received by the tax<br>SA, even if you have an extension for<br>Distribution | Contribution for Tax Year<br>filing deadline of the following year, ty<br>or filing your taxes. If a year is not speci<br><b>You must mail the check with</b>                     | fied, your contribution                                 | will be depo               | sited for the year in which  |
| -   | ner Authorization   |   |   |                            |                              |
| relating to and have<br>adverse consequence   | e met the requirements for making<br>ces that may result. I have not recei                  | horized to execute this transaction. I have<br>this transaction. I assume full responsib-<br>ived tax or legal advice from HSA Bank.<br>In provided by me is true and correct and | ility for this transaction<br>If necessary, I will seek | and will not the advice of | hold HSA Bank liable for any |
|   |   |   |   |                            |                              |
| *Accountholder Signature  |   |   | Date  |                            |                              |
| Rules and Cond  | litions Applicable to Contrib   | outions   |   |                            |                              |
| General   | Any contributions received will be dep  |   |   |                            |                              |
| Information   | The IRS allows HSA accountholders to which is typically April 15th of the cur               | make contributions for the previous tax year rent year.   | through your normal tax-                                | filing deadline            | (not including extensions),  |

|                      | which is typically April 15th of the current year.  |
|----------------------|---|
| Contribution<br>Type | <b>Regular</b><br>Annual maximum contribution limits can vary from year to year. For current contribution maximums, visit our Frequently Asked<br>Questions section at http://www.hsabank.com/hsabank/accountholders/frequently-asked-questions.                |
|                      | Catch-Up<br>If you are 55 years of age or older during the calendar year, you may make an additional "catch up" contribution of up to \$1,000.  |
|                      | Mistaken Distribution<br>According to IRS Notice 2004-50, an HSA Custodian or Trustee may allow the return of mistaken distributions. The Custodian or<br>Trustee may rely on the Accountholder's representation that the distribution was, in fact, a mistake. |

Questions? Please call the Client Assistance Center at 1-855-731-5213 (M-F, 7 a.m.-9 p.m., Sat 9 a.m.-1 p.m., CT)