



HSA Contribution Form

Please complete this form to make a contribution to your WealthCare Saver* Health Savings Account (HSA). Enclose a check made payable to WealthCare Saver FBO (Account Holder Name) HSA in the amount specified below and include your HSA account number on your check. NOTE: If you instruct the trustee of your HSA/MSA to transfer funds directly to WealthCare Saver, the transfer is not considered a rollover. Use a WealthCare Saver Transfer of Assets form for this purpose, not this form.



##37PNC#####



OR



Mail completed form to:

WealthCare Saver #010163
BIN 88163
Milwaukee, WI 53288-0163

Overnight completed form to:

WealthCare Saver #010163
4900 W. Brown Deer Road
Milwaukee, WI 53223

Questions about this form?

866.315.1777

Section 1: Account Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Contribution Information

CONTRIBUTION TYPE AND YEAR (CHOOSE ONE)

CONTRIBUTION AMOUNT

Prior year contributions may only be made up until the tax deadline of the current year. Undesignated contributions will be applied as a Standard Contribution for the Current Year.

RETURN OF MISTAKEN DISTRIBUTION

A return of an HSA distribution taken for an unqualified medical expense.

☐ Current Tax Year
(Transaction Code 204)

☐ Prior Tax Year
(Transaction Code 205)

STANDARD

A standard contribution would include a current year, prior year or catch-up contribution.

☐ Current Tax Year
(Transaction Code 200)

☐ Prior Tax Year
(Transaction Code 201)

☐ Catch-up Contribution
(Transaction Code 206)

ROLLOVER

Rollover from another HSA or MSA. I understand that I can roll over amounts from Archer MSAs and other HSAs into an HSA and that I must roll over the amount within 60 days after the date of receipt. I further understand that I can make only one rollover contribution to an HSA/MSA during a one year period and that a rollover contribution is not included in my income, is not deductible and does not affect my contribution limit.

☐ Rollover Contribution
(Transaction Code 207)

Section 3: Signature

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I have read and understand the terms and conditions regarding this transaction as described in the Custodial Agreement provided when opening this HSA account. I assume full responsibility for this transaction and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result. I have not received tax or legal advice from WealthCare Saver as Custodian, or its affiliates, and, if necessary, will seek the advice of a tax professional or legal counsel to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by WealthCare Saver as Custodian.

LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)

DATE