



Distribution of Excess Contribution

Must be filled out by Account Holder



##37PNC#####

The total annual contribution limits are set each year by the Internal Revenue Service (IRS).

You can find those limits online at www.IRS.gov. If you have exceeded the contribution limit, please complete this form to request the over contributed funds be debited from your WealthCare Saver* Health Savings Account (HSA) and returned to you via ACH transfer or check. You may wish to review IRS Publication 969 found at www.irs.gov/pub/irs-pdf/p969.pdf.



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
866.315.1777

Section 1: Account Holder Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Excess Contribution Information

Complete this section with the amount of excess being removed and earnings on that excess.

Please note: Excess contributions are reported via tax form 5498-SA in the year the contribution is made, and removals are reported via tax form 1099-SA in the year the removal is made.

\$

EXCESS AMOUNT (TC 155)

\$

EARNINGS ON EXCESS (TC 156)*

IRS rules require distribution of excess HSA contributions to be accompanied by earnings on the excess contributions. IRS resources include IRS Notice 2004-50, Q&A 34. Please note we will not attempt to recalculate the earnings for accuracy.

Section 3: Disbursement Instructions

- ☐ Deposit funds electronically to the direct deposit bank account on file.
*Please note: If no bank account on file, a check will be mailed.

- ☐ Mail check(s) to the address on my account

Section 4: Signature

I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by WealthCare Saver* as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this distribution of my excess contribution are my own. I assume full responsibility for this distribution of my excess contribution and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

I acknowledge that I have read and understand the terms and conditions applicable to a distribution of my excess contribution as set forth in the Custodial Agreement provided when opening this HSA. I understand that any applicable fees will be deducted from the distribution amount requested. (See HSA Fee Schedule on the Portal).

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

_____/_____/_____
DATE