



Contribution / Withdrawal Form

Rules and Conditions Applicable to Withdrawal located below

Use this Contribution/Withdrawal Form to obtain funds from or to deposit funds in your Health Savings Account with HSA Bank™

Complete this form and mail or fax it to: **HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939, FAX: 877-851-7041**

WITHDRAWALS: After your transaction is completed, a check will be mailed to you for the amount of the withdrawal. For additional Withdrawal Forms, please visit our website at www.hsabank.com or call: 800-357-6246 during business hours (7am - 9 pm CST)

CONTRIBUTIONS: After your transaction is completed, you can review your transactions in any of the following ways: via your monthly statement, internet banking or Bankline at 800-565-3512 for automated access.

General Information:

Account Holder's Name _____

Address _____

HSA Bank Account Number

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FOR BANK USE ONLY

(Authorized Signature of Custodian - Date)

Contribution Information:

Contribution Year

- Current Year
- Prior Year *(deposit must be in your account by your tax filing deadline, excluding extension)*

Contribution Source

- Account holder and/or family member
- Employer
- Employee pre-tax (through Section 125 Plan)

Contribution Amount

\$

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Withdrawal Information: *(A \$4 fee will be assessed for a withdrawal request)*

Distribution Reason

- Normal (qualified medical expense) Death Disability Excess Contribution Removal (\$20 fee) Prohibited Transaction

Will this withdrawal close the account?

- Yes (\$25 closing fee applicable) No

Withdrawal Amount

\$

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Closing Reason *(Please check all that apply)*

- Account Fees Interest Rates Customer Service No Longer Qualify for HDHP Other _____
- Insurance Plan with both HDHP & HSA Transferring to Another Financial Institution (FI) _____

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible. Please allow up to two weeks to receive your withdrawal and up to three weeks if the account is being closed.

Signature (for withdrawal only)

Date

General Terms and Conditions *Rules and Conditions Applicable to Withdrawal*

Distribution Reasons: Normal Distributions for any reason other than removal of an excess contribution, death, disability or a prohibited transaction are deemed Normal Distributions. Normal Distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax.

Excess Contribution Removal: If you have made an excess contribution to your HSA, you must take the appropriate steps to remove the contribution. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties.

Disabilities: You may take a distribution due to a disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax.

Death: If you are requesting a distribution as a beneficiary, you must furnish to the Trustee, Custodian, or issuer an original death certificate to verify your entitlement to receive the distribution. This verification should be used by surviving spouse beneficiaries claiming ownership of an HSA. Death distributions to non-spouse beneficiaries are generally includable in ordinary income.

Prohibited Transaction: If you have performed a prohibited transaction as defined in IRC Sec. 4975C, you may be subject to an IRS penalty. If the prohibited transaction is not timely corrected, an additional penalty may be imposed. If proceeds from a closed HSA will be used for non-qualified or non-medical expenses in which case a 10% IRS penalty will apply.

Closing Account: Your remaining HSA balance, less \$25 account closing fee, will be mailed to you.

Fees: A check for \$4 must be enclosed with a Withdrawal Statement or \$4 will be assessed against your HSA Account.

