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HSA Contribution Form

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Please complete this form to make a contribution to your HSA account. Use the Transfer of Assets form to request a transfer from another custodian/trustee into this account. 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.

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?
Contact the number on the back of your debit card

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 AMOUNT | CONTRIBUTION TAX YEAR

CONTRIBUTION TYPE AND YEAR (CHOOSE ONE)
Prior year contributions may only be made between January 1st and April 15th of the current year

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)

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)

☐ **Rollover Contribution – Rollover from another HSA or MSA** (Tran Code 207)

I am making a rollover contribution in the amount of $_____. 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.

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.

Please Note: If a contribution type is not designated, all contributions will be applied as a Standard Contribution for the Current Year. When the contribution has been made, you can view the transaction online or on your monthly HSA account statement.

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.

_____ ____ / ____ / _____

SIGNATURE OF HSA ACCOUNT HOLDER DATE

*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian