WealthCare $aver

##37WCS####################

HSA Contribution Form

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 (Accountholder Name) HSA" in the amount specified below and include your HSA account number on your check.

Fax completed form to:
866.287.2022

Mail completed form to:
NBT
BIN 88950
Milwaukee, WI 53288-0950

Questions about this form?
866.287.5675
M-F, 8 a.m. - 8 p.m. ET

Section 1: Account Information

ACCOUNT NUMBER

LAST NAME | FIRST NAME | MIDDLE INITIAL

EMPLOYER NAME | LAST FOUR OF SSN

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. You may only be eligible for Catch-Up Contributions if you are 55 or older.

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)

☐ **Redeposit – Return of Mistaken Distribution (money spent from my HSA in error** (Tran Code 204, 205)

I am making a redeposit in the amount of $_____ related to a mistaken distribution from my account.

NOTE: Funds redeposited will post in calendar year the redeposit occurs.

By checking Redeposit of Mistaken Distribution box and signing this form I affirm that this deposit, in the amount stated above, is repayment of a mistaken distribution as defined by the IRS with no penalty if there is reasonable evidence that the original distribution was made in good faith (resulting from a mistake of fact due to reasonable cause). The repayment is classified as a "redeposit", not a contribution; therefore, it would not count toward the yearly maximum contribution. I understand WealthCare Saver* is not required to accept the mistaken distribution and I am responsible for any tax consequence that may result.

I understand that a distribution reversal or redeposit must be deposited by the tax-filing deadline, and this redeposit will decrease the amount of distributions reported by WealthCare Saver*.

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.

Rules and Conditions Applicable to Contributions
Various types of contributions may be made to your Health Savings Account (HSA). Federal law limits the amount which may be contributed and the date by which such contributions may be made, on an annual basis.

The total amount you may contribute to an HSA for any taxable year cannot exceed the applicable limit for that year. In addition, if you are age 55 or older by the end of the taxable year, you are eligible to make additional catch-up contributions to your HSA for that year. Qualified HSA funding distributions taken from your IRA and directly deposited to your HSA are also reported as regular HSA contributions. Refer to IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, for more information and consult a tax professional or legal counsel. This publication is available from your local IRS office or on the IRS Website at www.irs.gov.

Section 3: Signature

I certify that: (1) I am legally authorized to execute this transaction, (2) that all information provided by me is true and accurate, (3) no tax advice has been given to me by WealthCare Saver*, or its affiliates, (4) all decisions regarding this HSA are my own. I expressly assume the responsibility for any adverse consequences and tax reporting requirements which may arise from this transaction and I agree that neither WealthCare Saver*, nor its affiliates, shall be held liable for any adverse consequences that may result. I understand that I may consult a tax professional or legal counsel. I acknowledge that I have read and understood the applicable terms and conditions. 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 PNC Bank as Custodian, or its affiliates, liable for any adverse consequences that may result. I have not received tax or legal advice from PNC Bank 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 PNC Bank as Custodian.

_____ ____ / ____ / _____

SIGNATURE OF HSA ACCOUNT HOLDER DATE

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