

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







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 Inforr	mation —————			
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	
\$ CONTRIBUTION AMOUNT CONTRIBUTION TYPE AND Y Prior year contributions may only be m	'EAR (CHOOSE ONE) ade between January 1st and April 15th	of the current year		CONTRIBUTION TAX 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 – Ro	ollover from another HSA or MS	A (Tran Code 207)		
and other HSAs into an HSA that I can make only one rol	ibution in the amount of \$ A and that I must roll over the amo lover contribution to an HSA/MSA ot deductible and does not affect n	ount within 60 days aft during a one year pe	er the date	e of receipt. I further understand
NOTE: If you instruct the t	rustee of your HSA/MSA to tran	sfer funds directly to	o Wealth0	Care Saver*. the transfer is no

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.

considered a rollover. Use a WealthCare Saver Transfer of Assets form for this purpose, not this form.

Section 3: Signature	
the terms and conditions regarding this transaction as de account. I assume full responsibility for this transaction a for any adverse consequences that may result. I have no its affiliates, and, if necessary, will seek the advice of a tax	I authorized to execute this transaction. I have read and understand escribed in the Custodial Agreement provided when opening this HSA and will not hold WealthCare Saver as Custodian, or its affiliates, liable of received tax or legal advice from WealthCare Saver as Custodian, or ax professional or legal counsel to ensure my compliance with related and may be relied upon by WealthCare Saver as Custodian.
	1 1
SIGNATURE OF HSA ACCOUNT HOLDER	DATE