

# HSA (Health Savings Account)

## CONTRIBUTION

\_\_\_\_\_  
Name of Financial Organization

### HSA Owner Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

### Deposit Information

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Amount of Deposit

Type of Deposit:  Regular for Tax Year: \_\_\_\_\_  Rollover from an HSA  
 Transfer  Rollover from an Archer Medical Savings Account (MSA)  
 Other: \_\_\_\_\_

### Signature

I certify that, to the best of my knowledge, the information provided on this form is true and correct and it may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

\_\_\_\_\_  
Signature of HSA Contributor

\_\_\_\_\_  
Date

**Office  
Use Only**

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