



# FIFTH THIRD BANK

## HSA Contribution / Mistaken Distribution Form

### Instructions:

1. Use this form to make a **normal** or a **mistaken distribution** contribution to your HSA. *Use the HSA Transfer Form to request a transfer from another Custodian/Trustee into your HSA administered by **Fifth Third Bank**.*
2. Enclose a check made payable to **Fifth Third Bank** and include your HSA account number on your check.
3. Forward check(s) with completed form(s) to **Fifth Third Bank, P.O. Box 635631, Cincinnati, OH 45263-5631**.
4. If you have any questions regarding making a contribution to your HSA, please contact **Fifth Third Bank HSA Support Center at 1-888-350-5353**.

### ACCOUNT HOLDER INFORMATION

Last Name:	First Name:	Middle Initial:
Social Security Number:		
Telephone Number:	Email Address:	
Street Address:		
City:	State:	Zip Code:

### CONTRIBUTION TYPE *(choose one below)*

<b>Normal:</b> A normal contribution would include a regular, catch-up or post-tax contribution.	<b>Return of Mistaken Distribution:</b> A return of an HSA distribution taken for an unqualified medical expense.
<input type="checkbox"/> Current year (1)	<input type="checkbox"/> Current year (5)
<input type="checkbox"/> Previous year (2)	<input type="checkbox"/> Previous year (6)

*Please Note – If a contribution type is **not designated**, all contributions will be applied to the **Current Year**. When the contribution has been made, you can view the transaction at [www.53hsa.com](http://www.53hsa.com), or on your monthly HSA account statement.*

### Signature:

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Fifth Third Bank liable for any adverse consequences that may result. I have not received tax or legal advice from Fifth Third Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Fifth Third Bank.

\_\_\_\_\_  
Signature of HSA Account Holder

\_\_\_\_\_  
Date