



# FIFTH THIRD BANK

## HSA Mistaken Distribution Form (to return funds removed from your HSA in error)

### Instructions:

1. Use this form to submit funds for a **mistaken distribution** from your HSA.
2. Enclose a check made payable to **Fifth Third Bank** and include your HSA account number on your check.
3. Send check with completed form 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:

RETURN OF A MISTAKEN DISTRIBUTION: A return of an HSA distribution taken for an unqualified medical expense. <i>Choose one below</i>
<input type="checkbox"/> Current year (5)
<input type="checkbox"/> Previous year (6)
<i>Please Note – If a year is <b>not designated</b>, the mistaken distribution will be applied to the <b>Current Year</b>.</i>

### 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

\_\_\_\_\_  
Printed Name