

HSA CONTRIBUTION FORM INDIVIDUAL



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 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	E-mail Address	
Street Address		
City	State	Zip Code

Contribution Information

HSA Account Number 796- _____
(10 digits, will begin with 796)

Contribution Amount \$ _____

Contribution for Tax Year _____

Contribution Type (choose one below):

- Normal - A normal contribution would include a regular, catch-up, or post-tax contribution.
- Previous Year (2)
 - Current Year (1)
- Return of Mistaken Distribution - A return of an HSA distribution taken for an unqualified medical expense.
- Previous Year (6)
 - Current Year (5)

*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, 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