



FIFTH THIRD BANK

HSA Mail In Contribution Form

Instructions:

1. Use this form to make a **normal** contribution to your HSA. Use the HSA Transfer Form to request a transfer or rollover 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:	Email Address:	
Street Address:		
City:	State:	Zip Code:

NORMAL CONTRIBUTION: A normal contribution would include regular, catch-up or post-tax contribution
Choose one below

- Current year (1)
 Previous year (2)

*Please Note – If a year is **not designated**, the mistaken distribution will be applied to the **Current Year**.*

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