



CONTRIBUTION REQUEST FORM

Health Savings Account (HSA)

Complete this form to make a normal, mistaken distribution, rollover or transfer contribution to your HSA. Include a check made payable to TASC and mail with completed form to:

Mail

TASC, PO Box 7308
Madison, WI 53704-7308

PARTICIPANT INFORMATION

First Name		MI		Last Name	
TASC ID		Social Security Number			

CONTRIBUTION INFORMATION

Contributions over the cash minimum qualify to be invested and will be placed by default into an interest-bearing account. You may change your current and future investment allocations online at any time.

Contribution Amount	\$		Contribution Tax Year	
Contribution Type (Select one)	<input type="checkbox"/> Normal. A normal contribution would include a regular, catch-up, or post-tax contribution. <input type="checkbox"/> Mistaken Distribution. Payment for a mistaken distribution must occur before December 31 of the year in which the mistaken distribution occurred. Contributions received after December 31 will be applied to the contribution maximum for the following year. <input type="checkbox"/> Rollover from <input type="checkbox"/> HSA <input type="checkbox"/> MSA (Include a check) <i>Rules and Conditions Regarding Rollovers.</i> A rollover is a way to move money or property from one HSA or Medical Savings Account (MSA) to another HSA. The Internal Revenue Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. <i>Timeliness.</i> The funds you receive from the distributing HSA or MSA must be deposited into another HSA within 60 days of receipt of funds. <i>12 Month Restriction.</i> You can only make one rollover contribution per HSA to another HSA in a 12-month period. Individual Retirement Account (IRA) restriction is once per lifetime.			
Transfer From (Select one)	<input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA <input type="checkbox"/> A check is enclosed from the previous trustee or custodian.			

AUTHORIZATION/SIGNATURE

I certify that I am the HSA accountholder, 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 TASC or Lake Ridge Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TASC or Lake Ridge 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 TASC and Lake Ridge Bank. If I have chosen rollover or transfer as the contribution type, I make an irrevocable election to treat this transaction as such.

HSA Accountholder Signature

Date