



CONTRIBUTION AND INVESTMENT SELECTION



PART 1. HSA OWNER

Name (First/Mi/Last) _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____ Suffix _____

PART 2. HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian

Name SEFCU
 Address Line 1 Patroon Creek Corporate Center
 Address Line 2 700 Patroon Creek Blvd
 City/State/ZIP Albany NY 12206
 Phone 518-452-8183 Organization Number _____

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

- 1. Regular** (Includes catch-up contributions as well as qualified HSA funding distributions from an IRA)
 Contribution for Tax Year _____ (Qualified HSA funding distributions from an IRA must be made for the current tax year)
- 2. Rollover** (Distribution from an HSA or Archer MSA that is being deposited into this HSA)
 By selecting this transaction, I irrevocably designate this contribution as a rollover.
- 3. Transfer** (Direct movement of assets from an HSA or Archer MSA into this HSA)

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION (Complete this section as applicable.)

Investment Description	Quantity or Amount	Status (new or existing)	Investment Number	Term or Maturity Date	Interest Rate

DEPOSIT METHOD

- Cash or Check** (If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this HSA.)
- Internal Account**
 Account Number _____ Type (e.g., checking, savings, HSA) _____
- External Account** (e.g., EFT, ACH, wire)
 Name of Organization Sending the Assets _____ Routing Number (optional) _____
 Account Number _____ Type (e.g., checking, savings, HSA) _____

Deposit Taken by _____

PART 5. SIGNATURE

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the contribution described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above.

X _____
Signature of HSA Owner

_____ Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO HSA CONTRIBUTIONS

HSA contribution rules are often complex. The general rules are listed below. If you have any questions regarding a contribution, please consult with a competent tax professional or refer to IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*, for more information. This publication is available on the IRS website at www.irs.gov or by calling 1-800-TAX-FORM.

REGULAR

The total amount you may contribute to an HSA for any tax year cannot exceed the published annual limit. A qualified HSA funding distribution is a one-time direct movement of assets from a Traditional IRA or Roth IRA, and is treated as a regular HSA contribution.

- You may make a contribution for the prior year up until your tax filing deadline for that year, not including extensions.
- If you are age 55 or older by the end of the year, you may be eligible to make an additional catch-up contribution to an HSA for that tax year.

ROLLOVER

A rollover is a distribution and a subsequent tax-free movement of assets from any of your other HSAs or Archer medical savings accounts (MSAs) to your HSA.

- You may roll over only one contribution to any HSA in a 12-month period.
- A rollover generally must be completed within 60 days from the date you receive the assets.

TRANSFER

A transfer is a direct movement of assets to your HSA from any of your other HSAs or Archer MSAs. You may perform an unlimited number of transfers.