

Mail To:
Liberty Savings Bank
Attn: HSA Department
2323 Stickney Point Rd.
Sarasota, FL 34231

HSA Contribution Form



Purpose: Use this form to make one-time contributions.

Personal Information of HSA Owner

Name (HSA Owner)

Social Security Number

Date of Birth

Account Number

(Numbers are 11 digits and begin with "999")

Contribution Type

Amount

Regular Contribution. for current tax year (TC200) or prior tax year (TC201) _____

Rollover Contribution. Rollover from another HSA (this form is not needed if you are also completing an application along with this rollover). (TC207) _____

Transfer Contribution. If you are transferring from another HSA, MSA or IRA, please use a Transfer Form for this purpose. Transfer Forms must be sent by Liberty Savings Bank to your current custodian for the purpose of collecting the funds. _____

Return of Mistaken Distribution. If you mistakenly take a distribution for an expense that you thought was "eligible," but which you later learn is not, you can repay the amount into your HSA so long as the mistake of fact was due to a "reasonable cause," and the mistake is corrected no later than April 15 following the year you knew or should have known of the mistake. Check this box to make sure we report your contribution appropriately. (TC 204 - Current Year) (TC 205 - Prior Year) _____

Catch-Up Contribution (TC206) for current tax year or prior tax year _____

HSA Owner Signature Statement:

I hereby agree to make the HSA contribution described above.

HSA Owner's Signature _____

Date _____