



Please complete this form to make a contribution to your HSA account. Use the Transfer of Assets form to request a transfer from another custodian/trustee into this account. Enclose a check made payable to WealthCare Saver FBO (Account Holder Name) HSA in the amount specified below and include your HSA account number on your check.





Mail completed form to:

WealthCare Saver #010163

BIN 88163

Milwaukee, WI 53288-0163

OR



Overnight completed form to:

WealthCare Saver #010163 4900 W. Brown Deer Road Milwaukee, WI 53223 Questions about this form?

855.622.0777 Monday thru Friday 9AM - 5PM EST

ACCOUNT NUMBER (12 digits	beginning with 601)			
LAST NAME	FIRST NAME		MIDDLE INITIAL	
EMPLOYER NAME		S	OCIAL SE	CURITY NUMBER
EMAIL ADDRESS	TI		TELEPHONE NUMBER	
STREET ADDRESS				
CITY	STATE		ZIP CODE	
\$ CONTRIBUTION AMOUNT CONTRIBUTION TYPE AND Y Prior year contributions may only be ma	EAR (CHOOSE ONE) ade between January 1st and April 15th	of the current year	CC	NTRIBUTION TAX YEAR
STANDARD A standard contribution would include a current year, prior year or catch-up contribution.	 □ Current Tax Year (Transaction Code 200) □ Prior Tax Year (Transaction Code 201) □ Catch-up Contribution (Transaction Code 206) 	RETURN OF MISTAKEN DISTRIBUTION A return of an HSA distribution taken for an unqualified medical expense		Current Tax Year (Transaction Code 204) Prior Tax Year (Transaction Code 205)
□ Rollover Contribution – Ro	llover from another HSA or MS	A (Tran Code 207)		
	bution in the amount of \$ and that I must roll over the amo		ne date of r	

Please Note: If a contribution type is not designated, all contributions will be applied as a Standard Contribution for the Current Year. When the contribution has been made, you can view the transaction online or on your monthly HSA account statement.

considered a rollover. Use a WealthCare Saver Transfer of Assets form for this purpose, not this form.

NOTE: If you instruct the trustee of your HSA/MSA to transfer funds directly to WealthCare Saver*, the transfer is not

Section 3: Signature	
the terms and conditions regarding this transaction as de account. I assume full responsibility for this transaction a for any adverse consequences that may result. I have no its affiliates, and, if necessary, will seek the advice of a tax	al authorized to execute this transaction. I have read and understand escribed in the Custodial Agreement provided when opening this HSA and will not hold WealthCare Saver as Custodian, or its affiliates, liable of received tax or legal advice from WealthCare Saver as Custodian, or ax professional or legal counsel to ensure my compliance with related and may be relied upon by WealthCare Saver as Custodian.
	1 1
SIGNATURE OF HSA ACCOUNT HOLDER	DATE