



HSA CONTRIBUTION/INVESTMENT FORM

HSA ACCOUNT OWNER'S NAME AND ADDRESS				HSA TRUSTEE'S OR CUSTODIAN'S NAME, ADDRESS AND PHONE	
				Stephenson National Bank & Trust 1820 Hall Ave PO Box 137 Marinette, WI 54143-0137 715 732-1732	
Social Security Number	Date of Birth	Home Phone	Business Phone		

HSA Account Identification	Contribution Date	Contribution Amount	Contribution Type	Contribution For Tax Year	Type of Activity
0			<input type="checkbox"/> Regular <input type="checkbox"/> Rollover <input type="checkbox"/> Transfer <input type="checkbox"/> Mistaken Distribution*		<input type="checkbox"/> Initial Contribution <input type="checkbox"/> Change of Investment <input type="checkbox"/> Contribution to Existing HSA

*According to IRS Notice 2004-50, an HSA Trustee or Custodian may allow the return of mistaken distributions. The Trustee or Custodian may rely on the Account Owner's representation that the distribution was, in fact, a mistake.
 Complete the applicable options below.

OPTION ONE	INVESTMENT INFORMATION - DEPOSITORY INVESTMENT				
Account or Certificate Number	Status <i>(new or existing)</i>	Date Opened	Term or Maturity Date	Interest Rate	Investment Type
0				%	

OPTION TWO	CHANGE OF INVESTMENT			
<i>Complete this information for the investment instrument (e.g., certificate of deposit) which has been surrendered or is maturing.</i>				
Transfer from Investment Number	Amount Transferred to New Investment	Earnings in Current Year**	Loss of Earnings Penalty	Investment Closed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Organizations using BISYS' data processing should only include the earnings (e.g., interest, dividends, etc.) since the organization last reported earnings for this year.

OPTION THREE	INVESTMENT INFORMATION - SELF-DIRECTED INVESTMENT	
Investment Number	Quantity	Asset Description

SPECIAL INSTRUCTIONS

SIGNATURES	
<p><i>Important: Please read before signing.</i> I understand the eligibility requirements for the type of HSA deposit I am making and I state that I qualify to make the deposit. I assume complete responsibility for:</p> <ol style="list-style-type: none"> 1. Determining that I am eligible for an HSA each year I make a contribution. 2. Ensuring that all contributions I make are within the limits set forth by the tax laws. 3. The tax consequences of any contributions (including rollover contributions) and distributions. 	
_____ (HSA Account Owner)	_____ (Date)
_____ (Witness)	_____ (Date)
_____ (Authorized Signature of Trustee or Custodian)	_____ (Date)