HSA Contribution Form

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 PNC Bank FBO (Accountholder Name) HSA in the amount specified below and include your HSA account number on your check.









-4

Fax completed form to: 855.588.1028

Mail completed form to:
PNC #010163
BIN 88163
Milwaukee, WI 53288-0163

Questions about this form? 855.424.7211 M-F, 8:00 a.m. - 8:00 p.m. ET

ACCOUNT NUMBER			
_AST NAME FIRST NAME		MIC	DDLE INITIAL
EMPLOYER NAME		SO	CIAL SECURITY NUMBER
EMAIL ADDRESS		TEL	EPHONE NUMBER
STREET ADDRESS			
CITY	STATE	ZIP	CODE
CONTRIBUTION TYPE AND YE Prior year contributions may only be many	AR (CHOOSE ONE) ade between January 1st and April 15th	of the current year	
	ade between January 1st and April 15th ☐ Current Tax Year (Transaction Code 200) ☐ Prior Tax Year	of the current year RETURN OF MISTAKEN DISTRIBUTION A return of an HSA distribution taken for an	(Transaction Code 204) □ Prior Tax Year
year or eaten-up contribution.	(Transaction Code 201) ☐ Catch-up Contribution (Transaction Code 206)	unqualified medical expense. (Transaction Code 205)	
☐ Rollover Contribution – Ro	ollover from another HSA or MS	A (Tran Code 207)	
and other HSAs into an HSA	and that I must roll over the amo	ount within 60 days after the	Il over amounts from Archer MSAs date of receipt. I further understand nd that a rollover contribution is not

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.

Section 3: Signature	
the terms and conditions regarding this transaction as d account. I assume full responsibility for this transaction adverse consequences that may result. I have not rece	al authorized to execute this transaction. I have read and understand described in the Custodial Agreement provided when opening this HSA and will not hold PNC Bank as Custodian, or its affiliates, liable for any gived tax or legal advice from PNC Bank as Custodian, or its affiliates, anal or legal counsel to ensure my compliance with related laws. All informelied upon by PNC Bank as Custodian.
SIGNATURE OF HSA ACCOUNT HOLDER	DATE