

ACCOUNT OWNER'S NAME AND ADDRESS			HSA CUSTODIAN INFORMATION
Last Name _____ First Name _____ Middle Initial _____ Street Address _____ City _____ State _____ Zip Code _____			SelectAccount P.O. Box 64193 St. Paul, MN 55164-0193 (651) 662-5065 or (800) 859-2144
<b>SelectAccount or Social Security No.</b>	<b>Daytime Phone</b>	<b>Evening Phone</b>	Account Type: <input type="checkbox"/> HSA <input type="checkbox"/> MSA

CONTRIBUTIONS
<input type="checkbox"/> I wish to make a single contribution by check (Please make checks payable to SelectAccount). Amount: \$ _____ Tax Year: _____  When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.
<input type="checkbox"/> I wish to authorize electronic funds transfer <ul style="list-style-type: none"> <li><input type="checkbox"/> Please initiate a single draft from the account I have indicated on the reverse side of this form.                              Amount: \$ _____                              Tax Year: _____</li> <li><input type="checkbox"/> Please initiate an ongoing monthly draft from the account I have indicated on the reverse side of this form.                              I understand that funds will be drawn from my account on or around the 5th day of each month.                              Amount: \$ _____                              Tax Year: _____</li> </ul>

SIGNATURE
It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit.
_____ Account Owner
_____ Date

