



Health Savings Account Deposit/Withdrawal Form

Account Holder Name and Address:

Name _____

Street Address _____

City _____ State _____ Zip _____

Account Number: _____

Deposit:

Contribution Information:	<input type="checkbox"/> Regular Current Year Contribution - Tax Year 20 ____ (Bank must receive by 12/31)
	<input type="checkbox"/> Previous Year Contribution - Tax Year 20 ____ (Must be postmarked by April Tax Filing Date)
	<input type="checkbox"/> Other Description: _____

Amount of Deposit: \$ _____
All items are accepted subject to this Bank's rules and regulations pertaining to DDA accounts. Deposits may not be available for immediate withdrawal.

Withdrawal:

Withdrawal Information:	<input type="checkbox"/> Normal	<input type="checkbox"/> Disability	Will this withdrawal close the account?	<input type="checkbox"/> Yes
	<input type="checkbox"/> Death	<input type="checkbox"/> Excess Contribution Removal		<input type="checkbox"/> No
	<input type="checkbox"/> Excess Previous Year Contribution Removal			

Amount of Withdrawal: \$ _____ **Make Check Payable To:** _____

Internal Transfer:

Transfer to an HSA Certificate:	_____ Certificate Term	Transfer to another Account: (Not an HSA account)	_____ Account Number
Transfer to another HSA Account:	_____ HSA Account Number	Will this transfer close the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Amount of Transfer: \$ _____

Signature (Required For Withdrawals & Transfers Only) _____ Date _____

Mail This Form to:
American Chartered Bank
HSA Processing Dept.
PO Box 5994
Carol Stream, IL 60197-5994

General Terms and Conditions

Distributions for any reason other than removal of an excess contribution, death, disability or prohibited transaction are deemed Normal Distributions. Normal distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be included in your gross income and may be taxable and subject to IRS penalties.

Please consult a professional tax advisor regarding the tax implications for transaction types listed as exceptions to the definition of Normal Distribution. The exceptions include removal of excess contributions, death distribution, and disability distributions and prohibited transactions.

Member FDIC

American Chartered Bank
Phone (847) 407-2603 Fax (847) 407-2633

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