



# MISTAKEN DISTRIBUTION REPAYMENT

## PART 1. HSA OWNER

Name (First/MI/Last) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

## PART 2. HSA TRUSTEE OR CUSTODIAN

*To be completed by the HSA trustee or custodian*

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Organization Number \_\_\_\_\_

## PART 3. REPAYMENT INFORMATION

A mistaken distribution occurs when an HSA owner takes an HSA distribution that was mistakenly believed to be qualified.

A distribution may only be returned as a mistaken distribution if deposited no later than April 15 of the year following the year it was determined to be a mistaken distribution.

1. Returned Mistaken Distribution Amount \_\_\_\_\_
2. Original Distribution Date \_\_\_\_\_
3. Repayment Date \_\_\_\_\_

## PART 4. INVESTMENT AND DEPOSIT INFORMATION

### INVESTMENT INFORMATION *(Complete this section as applicable.)*

Investment Description	Quantity or Amount	Status <i>(new or existing)</i>	Investment Number	Term or Maturity Date	Interest Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### DEPOSIT METHOD

Cash or Check

Internal Account

Account Number \_\_\_\_\_ Type *(e.g., checking, savings)* \_\_\_\_\_

External Account *(e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)*

Name of Organization Sending the Assets \_\_\_\_\_ Routing Number *(Optional)* \_\_\_\_\_

Account Number \_\_\_\_\_ Type *(e.g., checking, savings)* \_\_\_\_\_

Deposit Taken by \_\_\_\_\_

## PART 5. SIGNATURES

I certify that all of the information provided by me is accurate and may be relied upon by the trustee or custodian. I certify that the deposit described above qualifies as a repayment of a mistaken distribution and I authorize the deposit/investment in the manner indicated. All decisions regarding this deposit are my own, and I expressly assume responsibility for any consequences that may arise from this deposit. I agree that the trustee or custodian is not responsible for any consequences that may arise from processing this transaction.

**X** \_\_\_\_\_  
Signature of HSA Owner

\_\_\_\_\_ Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Signature of Trustee or Custodian

\_\_\_\_\_ Date (mm/dd/yyyy)