Health Savings Account (HSA) Contribution Form

Cattle Bank & Trust
PO Box 467, Seward, NE 68434
(402) 643-3636

1 HSA OWNER INFORMATION

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ DATE OF DEATH (IF APPLICABLE) _____

HSA ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

2 CONTRIBUTION INFORMATION

☐ Check here if this is a change of investment, and complete only the investment information and change of investment sections.

CONTRIBUTION DATE _____ CONTRIBUTION AMOUNT _____ TAX YEAR _____

CONTRIBUTION TYPE ☐ REGULAR ☐ TRANSFER ☐ ROLLOVER ☐ MISTAKEN DISTRIBUTION

3 INVESTMENT INFORMATION *(Complete one of the following options.)*

OPTION ONE DEPOSITORY INVESTMENT

Account or Certificate Number	Status *(new or existing)*	Date Opened	Term or Maturity Date	Interest Rate	Investment Type

OPTION TWO SELF-DIRECTED INVESTMENT

Investment Number	Quantity or Amount	Asset Description
1		
2		
3		
4		

NOT AVAILABLE AT THIS TIME

CHANGE OF INVESTMENT *(Complete if applicable.)*

Complete this information for the investment instrument (e.g., certificate of deposit) which has been surrendered or is maturing. You must also complete the Investment Information section above to indicate the new investment.

Current Investment Number	Quantity or Amount to New Investment	Earnings in Current Year	Loss of Earnings Penalty	Close Investment? (yes or no)

4 SPECIAL INSTRUCTIONS OR ADDITIONAL INFORMATION

5 SIGNATURES

I understand all investments are deposited and accepted subject to all applicable Federal and State laws and regulations of this organization presently existing or at any time hereafter issued. I certify that the deposit described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above. I certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

X _____ X _____

Signature of HSA Owner Date Signature of Custodian/Trustee Date