



##37PNC#####

Distribution of Excess Contribution

Must be filled out by Account Holder

The IRS specifies the total annual contribution limits which can be made each year. You can find those limits online at www.irs.gov. If you have exceeded the contribution limit, please complete this form to request the over contributed funds be returned to you via ACH transfer or check. You may wish to review IRS Publication 969 found at www.irs.gov/pub/irs-pdf/p969.pdf.



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
Contact the number on the
back of your debit card

Section 1: Account Holder Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Contribution Information

Please note: Excess contributions are reported via tax form 5498-SA in the year the contribution is made, and removals are reported via tax form 1099-SA in the year the removal is made.

DATE OF CONTRIBUTION

CONTRIBUTION AMOUNT

AMOUNT TO RETURN (TC 155)

DATE OF CONTRIBUTION

CONTRIBUTION AMOUNT

AMOUNT TO RETURN (TC 155)

DATE OF CONTRIBUTION

CONTRIBUTION AMOUNT

AMOUNT TO RETURN (TC 155)

Section 3: Disbursement Instructions

Tran Code 155 (Distribution of Excess Contribution)

☐ Deposit funds electronically to the direct deposit bank account on file.

*Please note: If no bank account, a check will be mailed.

☐ Mail checks to the address above

Section 4: Signature

I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by WealthCare Saver* as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this distribution of my excess contribution are my own. I assume full responsibility for this distribution of my excess contribution and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

I acknowledge that I have read and understand the terms and conditions applicable to a distribution of my excess contribution as set forth in the Custodial Agreement provided when opening this HSA account. I understand that any applicable fees will be deducted from the distribution amount requested. (See HSA Fee Schedule on the Portal).

SIGNATURE OF HSA ACCOUNT HOLDER

_____/_____/_____
DATE

*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian