

Excess Contribution and Deposit Correction Request Form

This form is for correcting excess contribution(s) and/or deposit(s) to an incorrect tax year. Please return form signed and completed to Farm Bureau Bank.

PART 1: Account Holder Information:

Account Holder Name:	HSA Account #:
PART 2: Excess Contribution Correct	ion:
Excess Contribution Refund: Refund of m	noney that was deposited in excess of my maximum contribution limit
Tax Year Excess Contribution Occurred:	Excess Contribution Amount:
Please check one of the following Refund Option	ns below:
Send Cashier Check - Note: Funds will Electronic Funds Transfer	be returned via check to the address on file.
Routing #:	
Account #:	
Tax Year Correction: Change contribution	from one tax reporting year to another.
Deposit Date:	Deposit Amount:
Tax Year Funds WERE applied to:	Tax Year Funds SHOULD Apply to:
Please note that this correction can result in date and the corresponding amount on the sp	a corrected 5498-SA. If multiple deposits occurred, please list each deposit pace provided below:

PART 3: Account Holder Authorization:

Due to the important tax consequences when correcting transactions in an HSA, I have been advised to seek the advice of a legal or tax professional. All information provided by me herein is true and correct and may be relied on by Farm Bureau Bank. I assume full responsibility for this transaction and any consequences resulting from this correction, including taxes and penalties.

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Signature of Account Owner

Date