



Fax: 630.472.5970
Email: mtc.hsa@mtrustcompany.com

A ACCOUNT INFORMATION

Account Holder Name:

HSA Account No.:

Address:

City:

State:

Zip:

E-mail:

Phone No.:

B FUNDING TYPE/AMOUNT

Contribution Information (Please indicate amount and year):

Contribution Amount: \$

Contribution Amount: \$

Current Year

Prior Year

Note: Contributions for the prior year must be received by the IRS tax filing deadline of the current year. If a year is not specified, your contribution will be made for the year it was received.

C ROLLOVER TYPE/AMOUNT

Please indicate rollover type and amount:

Check Amount: \$

Rollover from a Health Savings Account "HSA"

Rollover from a Medical Savings Account "MSA"

As to the Rollover indicated in this Section C, the undersigned Account Owner certifies (i) this is an irrevocable Qualifying Rollover and the Account Owner is bound by this election, (ii) all funds and assets are being deposited within the allowable 60 day period since distributed to the Account Owner, (iii) this is the only rollover for/by the Account Owner within the previous 12 month period.

D PAYMENT OPTIONS

Please select one of the following payment options:

Make payment by check.

Please make checks payable to:

Millennium Trust Company, LLC
F/B/O: (Insert Account Owner's name) HSA
820 Jorie Blvd. Suite 420
Oak Brook, IL 60523

Make payments via wire transfer.

Wire funds to:

The Private Bank ABA#: 071006486
120 LaSalle Credit Acct#: 2207967
Chicago, IL 60603 Acct Name: Millennium Trust Company, Trust Funds
For Further Credit: (Insert Account Owner's Name)

If funds are being wired, please fax this deposit form to the Attn. of: "Balance and Control Department" at (630) 472-5308.

E COMPLETED BY

Print Name:

Signature: _____ Date:

