Make check payable to Everence FCU. Please send this form with your check to Everence HSA administration, P.O. Box 483, Goshen, IN 46527. For questions, call (800) 348-7468, ext. 2460.

Account owner name ________________________________________________________________

Account number ________________________________________________________________

Amount of contribution ____________________________ Contribution is for the tax year* __________________

*A contribution made to your Everence HSA between Jan. 1 and the tax return due date (usually April 15) may be treated either as a contribution for the current year or the preceding year. If you make a contribution during this time period, we will treat it as a contribution for the tax year it is received unless indicated otherwise.

________________________________________    _________________________
Signature                                      Date

________________________________________    _________________________
Signature                                      Date

________________________________________    _________________________
Signature                                      Date