



127 South Main St, Cambridge—www.cambridgestatebank.com— 763.689.2500—Member FDIC

## Health Savings Account MISTAKEN DISTRIBUTION

HSA ACCOUNT NAME & ADDRESS SECTION

HSA ACCOUNT #

NAME:

SOCIAL SECURITY #

ADDRESS:

DATE OF BIRTH:

CITY/STATE/ZIP:

DAYTIME TELEPHONE:

### DISTRIBUTION INFORMATION

(SELECT ONE)

- AMOUNT OF MISTAKEN DISTRIBUTION: \$ \_\_\_\_\_
- YEAR OF MISTAKEN DISTRIBUTION: \_\_\_\_\_

I certify that the above distribution was the result of a mistake of fact and I authorize Cambridge State Bank to redeposit the distribution as a mistaken distribution. I understand that Cambridge State Bank is not required to accept the mistaken distribution and I am responsible for any tax consequences that may result from the distribution.

### SIGNATURES

I certify by my signature below that I swear or affirm that this deposit, in the amount state above, to my HSA is repayment of a mistaken distribution or distributions as defined by the Internal Revenue Service (resulting from a mistake of fact due to reasonable cause). I understand that I am solely responsible for any tax consequences and penalties of improper reporting of this deposit as repayment of a mistaken distribution, instead of a contribution, to my HSA. , I acknowledge that the custodian cannot provide me with legal advice, and I agree to consult with a tax or legal professional for guidance.

Signature of Accountholder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Custodian \_\_\_\_\_ Date \_\_\_\_\_