

**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](http://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](http://www.irs.gov/pub/irs-pdf/p969.pdf).



Fax completed form to:  
844-560-6760



Mail completed form to:  
Avidia Bank, P.O. Box 161390,  
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 (10 DIGITS)		SOCIAL SECURITY NUMBER	
LAST NAME	FIRST NAME	M.I.	
EMAIL ADDRESS		HOME PHONE NUMBER	
STREET ADDRESS			
CITY	STATE	ZIP CODE	

### Section 2: Excess Contribution Information

Complete this section with the amount of excess being removed and earnings on that excess.

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.

\$	\$
EXCESS AMOUNT (TC 155)	EARNINGS ON EXCESS (TC 156)*

\*IRS rules require distribution of excess HSA contributions to be accompanied by earnings on the excess contributions. IRS resources include IRS Notice 2004-50, Q&A 34. Please note we will not attempt to recalculate the earnings for accuracy.

### 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 check to the address above

### 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 Avidia Bank 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 Avidia Bank 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
X	

Rev. 05/2021



The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and subject to applicable deposit limits.