State Farm Bank, F.S.B.
P.O. Box 2316
Bloomington, IL 61702-2316

Mistaken Distribution Affidavit

State Farm Bank® Health Savings Account

This form is used when a State Farm Bank Health Savings Account (HSA) Participant has taken a distribution as a result of a mistake due to reasonable cause, and the Participant elects to repay the mistaken distribution to the HSA as described below.

If you have questions, or need additional information before completing this form, please call 877-734-2265. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

Participant's Name: _____

Account Number: _____

I, the undersigned HSA Participant, hereby affirm that I took a distribution in the amount of $ _____ from my State Farm Bank Health Savings Account, and that distribution was taken because of a mistake of fact due to reasonable cause.

State the reason the HSA distribution should be treated as made because of a mistake of fact due to reasonable cause:

_____

To rectify that mistake, I am returning the distribution to my HSA account no later than April 15 following the first year that I knew (or should have known) the distribution was taken by mistake.

_____ _____

Signature of Participant Date

Neither State Farm® nor its agents provide tax or legal advice.