

# HEALTH SAVINGS ACCOUNT TRANSFER / ROLLOVER REQUEST FORM

\*\* For Transfer or Direct Rollover: Complete Part I-IV

\*\* For HSA Rollover involving a check: Complete Part I, II, and IV

**PART I: Personal Information**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Required)		State
<input type="text"/>		<input type="text"/>
PO Box	City	
<input type="text"/>	<input type="text"/>	
Zip	County	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Birth Date	
<input type="text"/>	<input type="text"/>	
Home #	Bus. #	
<input type="text"/>	<input type="text"/>	

**PART II: Request Type**

**Trustee to Trustee Transfer:** I currently have Health Savings Account funds with another Trustee or Custodian and want to transfer the funds directly to HSA Bank. (Proceed to Part III)

**Direct MSA to HSA Rollover:** I currently have an MSA with another trustee and would like to directly rollover the funds to establish an HSA with HSA Bank™. (Proceed to Part III)

**HSA Rollover:** I have been issued a check in the amount of \$\_\_\_\_\_ and closed my MSA or HSA. I would like to rollover the funds to establish an HSA with HSA Bank™. (Answer the Rollover Qualification Questions below and proceed to Part IV.)

**Rollover Qualification Questions** (For an eligible rollover, all questions must be answered NO.)

1. **TIME LINES-60 DAYS:** Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA?  Y  N

2. **TWELVE MONTH RESTRICTION**  
 Did you receive any other distributions from the distributing MSA/HSA during the preceding 12 months, which you also rolled over?  Y  N  
 Have the assets involved in this transaction been previously rolled over from an MSA or HSA to an HSA within the past 12 months?  Y  N

**IMPORTANT NOTE:** Funds from an FSA, HRA, IRA, or a SIMPLE IRA may not be rolled over to an HSA.

**PART III: Transfer or Direct Rollover Information** (skip this section if you are completing an HSA Rollover involving a check)

**Current HSA/MSA Trustee or Custodian Information**

Institution Name

Address  State

PO BOX  City

Zip  Phone  Current HSA/MSAAccount #

**Transfer /Direct Rollover Instructions**

Directly transfer/rollover:  **all** or  **part** of the account identified above in the following manner:  
 Please make a check payable as follows: **HSA BANK** as Custodian of the above mentioned account.  
 This transfer/direct rollover  **will**  **will not** close the account.

**For HSA Bank Use Only NEW Account Number**

**Transfer/Direct Rollover Type - Important:** Be sure to attach a copy of the most recent statement of the account you are transferring.

Immediately liquidate all assets and send the cash proceeds. Investments Maturity Date

Send cash proceeds of all investments at maturity. \_\_\_\_\_ \_\_\_\_\_

Send the assets at maturity for the investments listed. \_\_\_\_\_ \_\_\_\_\_

Immediately send all assets "in kind". \_\_\_\_\_ \_\_\_\_\_

*Contact HSA Bank for additional forms. If the proper forms are not returned with this form, assets will be liquidated and sent in cash.*

**PART IV: Signature of Account Holder**

**Sign Here for either Direct Rollover or HSA Rollover involving a check:**  
 I have read and understand the rollover rules and conditions on this form and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property to an HSA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on NY the Trustee or Custodian. I assume full responsibility for this rollover transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I hereby irrevocably designate this contribution and/or property as a rollover contribution.

**Sign Here for Transfer:** I authorize the transfer of the HSA assets in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian

Signature of Account Holder (for transfer) \_\_\_\_\_ Date \_\_\_\_\_

**Accepting HSA Custodian**

Our organization agrees to serve as the New Trustee or Custodian for an account of the above-named individual, and as Trustee pr Custodian, we agree to accept the assets being transferred.  
**HSA Bank, P.O. Box 939, Sheboygan, WI 53082, 800-357-6246**

Authorized Signature of New Trustee or Custodian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness(required for rollover) \_\_\_\_\_ Date \_\_\_\_\_

