

# HEALTH SAVINGS ACCOUNT TRANSFER / ROLLOVER REQUEST FORM

**Instructions:** For Transfer or Direct Rollover: Complete Part I-IV. For HSA Rollover involving a check: Complete Part I, II, and IV.  
\*Transfers may take 4 to 6 weeks pending previous Custodian/Trustee's processing time.

**PART I: Personal Information**

First Name  MI  Last Name

Street Address (Required)

City  State  Zip

SSN  Daytime Phone

**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/MSA Account #

**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**

- Liquidate all assets and transfer as cash.
- Transfer all assets or brokerage shares in my account as is.
- Send cash/assets of all investments at maturity.

Investments

Maturity Date

\_\_\_\_\_

\_\_\_\_\_

**Important:** A copy of your most recent statement is required to process this transfer.

**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 by 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

\_\_\_\_\_  
Signature of Account Holder      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 or Custodian, we agree to accept the assets being transferred.  
*HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939, 800-357-6246*

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



## RULES AND CONDITIONS APPLICABLE TO ROLLOVER

### GENERAL INFORMATION

A rollover is a way to move money or property from a Medical Savings Account or Health Savings Account. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed, and how the Trustee or Custodian must report the transaction. By properly completing this form you are certifying to the Trustee or Custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover.

### ROLLOVER

1 Timelines

The funds you receive from the distributing MSA or HSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. There are generally no exceptions to the 60-day rule and the IRS cannot grant extensions. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.

2 Twelve-Month Restriction

You are entitled to one distribution per year per HSA which may be rolled over. Twelve (12) months must pass after receipt of one distribution which you rollover before you may take another distribution from the same HSA to rollover. The focus is on distributions out of an HSA. An HSA is created by executing a plan agreement, not by depositing a contribution into a separate investment within an existing MSA or HSA.

You are entitled to rollover the same assets only once in a twelve (12) month period. Twelve (12) months must elapse between the time you receive a distribution of the assets to be rolled over and the time you receive another distribution of those same assets for rollover purposes.

