MSA to HSA Rollover Request Form

HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

Instructions: **FOR CURRENT HSA BANK CUSTOMERS ONLY**
Use this form if you have established an MSA with HSA Bank and would like to rollover the MSA into a Health Savings Account (HSA) with HSA Bank. The completed form should be mailed or faxed to:

HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939. FAX: (920) 803-4120.

HSA Bank is the Current MSA Trustee/Custodian and Accepting HSA Trustee/Custodian. If you have questions, please call our Client Assistance Center,(800) 357-6246, M-F, 7 a.m. - 9 p.m. Central Time.

Current MSA Account Number

For Bank Use only

Personal Information

First Name **MI** **Last Name**

☐ **Street Address** ☐ **PO Box**
(Preferred Mailing Address. Required)

City **State** **Zip**

Social Security # - - **Birth Date** ***(mm/dd/yyyy)*** / /

Home Phone # - - **Business** - -

Email

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 to a new 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 **Time lines**--The funds you receive from the MSA/HSA distribution 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/HSA.

You are entitled to roll over 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.

Signature of MSA Holder

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 from an MSA 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 all of the funds in the MSA identified above as a rollover contribution to establish an HSA. This rollover will close the existing MSA with HSA Bank.

Signature of Account Holder Date

Signature of Witness(required for rollover) Date