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

IRA to HSA Transfer Form

HealthSavings ADMINISTRATORS

Instructions: Please mail the *original* signed and completed form to: **Health Savings Administrators, 10800 Midlothian Tpk Ste 240, Richmond, VA 23235.** Please allow four to six weeks for completing the transfer. The timeframe is based on prior custodian/trustees' processing time.

Note: Contact your current custodian to verify if a medallion signature guarantee is required. If the medallion signature guarantee is required, obtain this before submitting the form. The custodian may have a small fee for this service.

PERSONAL INFORMATION

First Name:	MI:	Last Name:	
Street Address:			
City:		State:	ZIP Code:
Social Security Number: ___ - __ - ____		Date of Birth: (mm/dd/yyyy)	
Home Phone:		Work Phone:	

Guidelines for Transferring an IRA to an HSA

1. IRA Transfers must be a direct trustee to trustee/custodian transfer.
2. You are typically allowed a one-time transfer from an IRA to an HSA. If you change from self-only to family coverage during the same tax year; however, a second distribution may be made, up to the maximum annual contribution limit for the family HDHP as determined in IRS Notice 2008-51.
3. The transfer is limited to the maximum HSA contribution for the year, and the amount contributed is not allowed as a deduction. Your total HSA contributions and IRA transfer cannot exceed the HSA contribution maximum.
4. The IRA transfer will not be included in income or subject to the additional early withdrawal tax.
5. If you elect the transfer and do not remain eligible to contribute to your HSA until the last day of the twelfth month following the month of the transfer ("the Testing Period"), the transferred amount will be included in income and subject to an additional 10% tax.
6. Transfers can be made from a Traditional or Roth IRA, as defined in Internal Revenue Code Section 408(a) and Notice 2008-51.
7. You may only transfer your IRA funds to your HSA; a spouse's IRA may not be transferred.

TRANSFER FROM: IRA TRUSTEE OR CUSTODIAN

Institution Name:		
Address:		
City:	State:	ZIP Code:
P.O. Box:	Phone:	
City:	State:	ZIP Code:
IRA Account Number:		

- Accountholder must instruct present trustee/custodian to liquidate shares equal to amount of transfer prior to submitting this form

TRANSFER TO: HSA BANK

*Amount of Transfer $ ____ . __

*** The amount of the transfer cannot exceed the annual contribution maximum and can only be applied to the current calendar year. Visit www.HSAadministrators.com for the current contribution maximum.**

AUTHORIZATION STATEMENT

Before signing below, please consult your tax advisor to discuss the potential tax consequences that could result if the transfer is deemed ineligible or you become ineligible during the Testing Period, defined above in guideline 5.

I authorize HSA Bank to transfer funds as designated above from my IRA to my Health Savings Account with HSA Bank. I understand that the transfer is subject to the annual contribution limit, and I accept any tax consequences that could result if the above transfer is not a qualified IRA rollover.

Signature of Accountholder:	**Date:**

ACCEPTING HSA CUSTODIAN

Our organization serves as the Trustee or Custodian for a health savings 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.**
Overnight mail: HSA Bank, 605 North 8th Street, Suite 320, Sheboygan, WI 53081

Authorized Signature of New Trustee or Custodian:	**Date:**