

# IRA to HSA Transfer Form (page 1 of 2)



## Important Information-Please read before completing this form:

- Complete this form to authorize HSA Bank to receive a transfer of assets directly from an IRA into your Health Savings Account (HSA) at HSA Bank.
- Mail your completed form to the Trustee or Custodian who is currently holding your assets and will be transferring funds to your HSA at HSA Bank.
- You must open an HSA with HSA Bank prior to completing this form. Please visit us at [www.hsabank.com](http://www.hsabank.com) to enroll today.
- For an HSA Rollover involving a check: Complete the Health Savings Account Rollover Request Form, available on the Member Website.
- Note: Transfers may take 4 to 6 weeks depending on the transferring Trustee/Custodian’s processing time.

PART 1: ACCOUNTHOLDER INFORMATION (You must open an HSA with HSA Bank by submitting an application prior to completing this form.)										
First Name:			Middle Initial:			Last Name:				
Street Address:			City:			State:		Zip Code:		
Daytime Phone Number:				Email Address:						
IRA Account Number:										
HSA Bank Account Number: (8 or 12 digits from your Welcome Kit or Member Website. The account number is located on the Accounts Tab in the Member Website. The account number is <b>NOT</b> the same as your Debit Card number.)										
Full 9-digit Social Security Number:				-			-			
PART 2: TRANSFER TO: HSA BANK										
<input type="checkbox"/> Transfer of entire account balance. <input type="checkbox"/> Partial Transfer. Please Transfer \$_____ to HSA Bank and DO NOT close my account with your organization.										
* The amount of the transfer cannot exceed the annual contribution maximum and can only be applied to the current calendar year. Visit <a href="http://www.hsabank.com">www.hsabank.com</a> for the current contribution maximum.										
PART 3: ACCOUNTHOLDER AUTHORIZATION (REQUIRED)										
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 have read and understand the rules and conditions on the second page of this form and I have met the requirements for making the designated transaction. All information provided to me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this transaction and will not hold HSA Bank liable for any adverse consequences that may result.										
Signature of Accountholder:						Date:				



#### **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 establish an HSA in February or in a later month, you may still transfer IRA assets up to the annual contribution limit (when combined with other contributions). But you must remain eligible to contribute to your HSA through the last day of the following year ("Testing Period"), or a portion will be included in your income and subject to an additional 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.

#### **INSTRUCTIONS FOR THE CUSTODIAN**

Make check payable to "HSA Bank For the Benefit Of [Owner's Name] and mail check, along with this fully completed form, to: HSA Bank, P.O. Box 939, Sheboygan WI 53082. For proper credit, please include Full Social Security Number or Full HSA Bank Account Number.