HSA Transfer Request Form



To request an HSA Transfer or Rollover from prior custodian to HSA Today, please complete this Form and Submit to:

HSAToday®

P.O. Box 55068, Little Rock, AR 72215

Voice: 888-665-1264 Fax: 501-687-1409 Email: support@myhsatoday.com

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PART I - ACCOUNT OWNER INFORMA	TION (PLEASE PRINT)			
Name:	SSI	N:	DOB:	
Address:				
HSA <i>Today</i> Account:	Phone:	Email:		
PART II – TRUSTEE TO TRUSTEE TRANS	SFER .			
I currently have a Health Savings Accou HSAToday (National Advisors Trust of So	_	another Trustee\Custodian	and want to transfer the funds directly to	
Current Custodian Contact Name	Julii Dakota, iric.)			
Phone and Fax Number:				
Address:				
Current MSA/HSA Account Number:				
1	, authorize		(current custodian) to Directly transfer:	
All or Part of my account i	in the following manner. If partial tr	ansfer list Amount \$	·	
Check one of the following:				
☐ Make a check payable to ("HSAToday") and mail to: HSAToday, Health Savings Account Department, P.O. Box 55068, Little Rock, AR 72215				
☐ The Previous Custodian is going to information for this transfer. Amo		. Previous Custodian can c	call 888-665-1264 to receive the account	
PART III – HSA ROLLOVER				
with HSAToday (National Advisors Trust			uld like to rollover the funds to establish an HSA	
(Allswer (the Ronover Quantitation Questions	on rage 2 and then comp	nete rate in ana re.j	
	ath Financial Services, P.O. BOX 5506 ank account at this financial instituti			
Bank Name:		Account Ty	ype: □ Checking □ Savings	
Route Number:	Account	Number:		
PART IV-SIGNATURES				
I authorize the transfer of the HSA or M above, and certify that all of the inform relied upon by the Trustee or Custodian	ation provided by me may be	Custodian for the accoun	Our organization agrees to serve as the new at of the above named individual, and as accept the assets being transferred.	
Printed Name Signature Date		Processor Printed Name Processor Signature Date		

RULES AND CONDITIONS APPLICABLE TO ROLLOVER (Retain instruction page your records)

GENERAL INFORMATION

A rollover is a way to move money or property from a Medical Savings Account (MSA) or existing Health Savings Account (HSA) to a 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 a 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 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 with 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.

HSA Rollover Qualification Questions (for Part III)

(For an eligible rollover, all questions must be answered "NO") Funds from an IRA or SIMPLE IRA may not be rolled over to an HSA.

1.	Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank? ☐ Yes ☐ No
2.	Did you receive any other distributions from the distributing MSA/HSA during the preceding 12 months, which you also rolled over? □ Yes □ No