

ONE TIME IRA TO HSA ROLLOVER REQUEST

Questions? Call Member Services at 1-866-999-2605.

Account Holder Information (please print)	Spending Account ID #																														
<div style="display: flex; justify-content: space-between;"> Last Name First Name Middle Initial </div> <hr/> <div style="display: flex; justify-content: space-between;"> City State ZIP </div> <hr/> <div style="display: flex; justify-content: space-between;"> Street Address </div> <hr/> <div style="display: flex; justify-content: space-between;"> Email address </div> <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">S</td> <td style="width: 10%; text-align: center;">A</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="10" style="text-align: center;">Social Security # (if SA# is not known)</td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="10" style="text-align: center;">Daytime Phone</td> </tr> </table>	S	A									Social Security # (if SA# is not known)										Daytime Phone									
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Transfer Instructions

This transfer will be into an HSA. An IRA rollover to a HSA is a one-time tax free distribution. The "roll-over" counts as a contribution and cannot exceed the HSA contribution limit for the tax year.

Directly transfer: all or part of the account identified below to **HealthEquity, Inc.** as Custodian of the _____
account for tax year _____. (Account Holder's Name)

This transfer: will will not close the account.

Asset Liquidation Instructions

Description	Total Quantity	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Trustee/Custodian Info (transferring FROM)

Trustee/Custodian's Name
Street Address
<div style="display: flex; justify-content: space-between;"> City State ZIP </div>
Trustee/Custodian's Phone#
Trustee/Custodian's Account ID#

Signature of HSA Account Holder

I understand I am limited to one IRA to HSA trustee rollover and certify I have not made another rollover.

HSA Account Holder Signature	Date
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Please note some carriers or fund providers may require notarization or a medallion signature guarantee. To avoid any delays, please check with your IRA administrator to verify its requirement before submission and whether a signature guarantee is required. The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations that participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee.

Medallion Signature Guarantee Stamp and Signature _____

Account Holder Instructions: Please send this completed form back to your previous administrator for processing.

Administrative Check Mailing Instructions: Please mail the check to the address listed below:

**PO Box 860684
Minneapolis, MN
55486-0684**

**Overnight:
Lockbox 860684
1200 Energy Park Dr
St Paul, MN
55108-0684**