

ONE TIME IRA TO HSA ROLLOVER REQUEST

An Independent Licensee of the Blue Cross Blue Shield Association

Questions? Call Member Services at 877.293.7041.

Account Holder Information (please print)		Spending Account ID #										
		S	Α									
Last Name First Name	Middle Initial	So	cial	Secu	rity i	# (if S	SA#	is n	ot k	nown)		
Street Address										·		
City State Zip			Daytime Phone									
Email address												
Trans	fer Instructions	S										
This transfer will be into an HSA. An IRA rollover to a HSA is a o cannot exceed the HSA contribution limit for the tax year.	ne-time tax free dist	ribution	ı. The	"roll-o	ver" c	ounts a	as a	contri	butio	n and		
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: \square will \square will not close the account.												
Asset Liqu	idation Instruc	tions										
Description	Total Quantity			Γο Be red		idate diately		quidato Maturi		Transfer In Kind		
							-					
		_					-					
0 17 1 10 1				O	<u> </u>							
Current Trustee/Cust	oulan inio (trans	Sierrii	iy rn	UIVI)								
Trustee/Custodian's Name												
Street Address												
City State				Zip								
Trustee/Custodian's Phone# Trustee/Custodian's Account								unt ID#				
Signature of	HSA Account	Holde	r									
I understand I am limited to one IRA to HSA trustee rollover and	certify I have not ma	ade ano	ther r	ollover								
			_									
HSA Account Holder Signature			Date									
Please note some carriers or fund providers may require notarizate with your IRA administrator to verify its requirement before submis Guarantee may be executed by banks, broker dealers, credit union STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for	ssion and whether a is, national securities	signatu s excha	re gua nges a	rantee and sa	e is req	uired.	The	Meda	llion	Signature		
Medallion Signature Guarantee Stamp and Signature												
Send via secured email only: capitalbluecross.documents@hellofurther.com	Fax to: 866.231.0214	PO B Minn	/lail t Box 86 eapoli 486-0	0684 s, MN	120	Over ockbo OO Ene	x 86 rgy	0684 Park D				