

## ONE TIME IRA TO HSA ROLLOVER REQUEST

Account Holder Information (please print)		Spending Account ID #							
		S	Α						
Last Name First Name Midd	dle Initial	So	cial	Secu	ırity #	(if S	A# is not	known)	
Street Address									
City State Zip		Daytime Phone							
Email address									
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 <b>HealthEquity, Inc.</b> 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		antity <sup>*</sup> ransfe		Liqui		Liquidate at Maturity	Transfer In Kind	
	Quantity	1	Tarioro	iiou					
Current Trustee/Custodian Info (transferring FROM)									
Trustee/Custodian's Name									
Street Address									
City State			Zip						
ony		ΣΙΨ							
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 certif	y I have not mad	de and	other r	ollover	ſ.				
HSA Account Holder Signature			Date						
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									

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

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

PO Box 860684 Minneapolis, MN 55486-0684 Overnight: Lockbox 860684 1200 Energy Park Dr St Paul, MN 55108-0684