

ONE TIME IRA TO HSA ROLLOVER REQUEST

Questions? Call Member Services at
1-888-215-0025.



Account Holder Information (please print)			Spending Account ID #							
<div style="display: flex; justify-content: space-between;"><div>Last Name</div><div>First Name</div><div>Middle Initial</div></div> <div>Street Address</div> <div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div> <div>Email address</div>			S	A						
			Social Security # (if SA# is not known)							
			Daytime Phone							
Transfer Instructions										
<p>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.</p> <p>Directly transfer: <input type="checkbox"/> all or <input type="checkbox"/> part of the account identified below to HealthEquity, Inc. as Custodian of the _____ account for tax year _____. (Account Holder's Name)</p> <p>This transfer: <input type="checkbox"/> will <input type="checkbox"/> will not close the account.</p>										
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)										
<div>Trustee/Custodian's Name</div> <div>Street Address</div> <div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div> <div style="display: flex; justify-content: space-between;"><div>Trustee/Custodian's Phone#</div><div>Trustee/Custodian's Account ID#</div></div>										
Signature of HSA Account Holder										
<p>I understand I am limited to one IRA to HSA trustee rollover and certify I have not made another rollover.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>_____ HSA Account Holder Signature</div><div>_____ Date</div></div>										

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

HealthEquity, Inc. is an IRS approved non-bank trustee administrator providing HSA custodial services on behalf of Horizon to its members. An Independent Licensee of the Blue Cross and Blue Shield Association.