

# Health Savings Account (HSA) Transfer Request Form

To ensure processing of your request, please follow the steps below:

1. Complete this form fully.
2. Send this form to the HSA Trustee/Custodian/Administrator who currently administers your HSA funds. Sending this completed form to them initiates a direct transfer of HSA/IRA funds from them to your HSA with Discovery Benefits as the administrator and HealthcareBank as the Custodian.
3. **Do not submit this form to Discovery Benefits.** Please note that if this form is returned to Discovery Benefits before your current HSA Trustee/Custodian/Administrator has completed it, this will cause a delay in the transfer of funds.
4. If you are closing your current account with Discovery Benefits, please complete the HSA Distribution Request/Account Closure Form.

\*=Required Fields

## Step 1: Account Information

\*Employer Name (Do not abbreviate)

\*Account Holder Name (First, MI, Last)

\*Social Security Number

\*Day Telephone

\*Physical Address

\*City

\*State

\*Zip

## Step 2: Existing HSA/IRA Trustee or Custodian Information

\*Existing HSA/IRA Trustee or Custodian Name

\*Existing HSA/IRA Account Number

\*Physical Address

\*City

\*State

\*Zip

\*Day Telephone

## Step 3: Former Spouse Information

This section should be completed in full if the former spouse is receiving the HSA through a divorce settlement. Please include a copy of the divorce decree.

HSA Account Name of Former Spouse (First, MI, Last)

Physical Address

City

State

Zip

Social Security Number

Date of Birth (mm/dd/yyyy)

Day Telephone

## Step 4a: Transfer Instructions

This section must be completed in full.

Directly transfer  or  of the HSA or IRA identified above.

The amount of the partial transfer is: \$

all  part

Please make checks payable to:

HSA Account Holder/Beneficiary's Name

This transfer  close the HSA/IRA.

will  will not

Transfer check should be sent to Discovery Benefits, Inc. at PO Box 2926, Fargo, ND 58108-2926.

# HSA Transfer Request Form, continued

## Step 4b: Asset Liquidation Instructions

Unless otherwise directed in writing below, I direct the current trustee or custodian of my transferring account to liquidate all assets immediately. I am aware of and acknowledge any applicable penalty for early withdrawal upon certificates of deposits or annuities (or other investment vehicle, as applicable) currently held in the account. If there are other specific liquidation instructions, include for each asset the description, quantity in HSA or IRA, quantity to be transferred and whether to liquidate immediately or at maturity. Specify other liquidation instructions as necessary.

## Step 5: Transfer Signature of HSA Beneficiary or Former Spouse

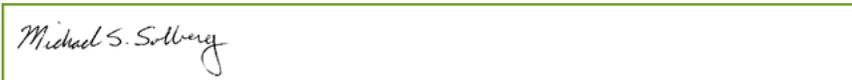
I hereby acknowledge that, due to the important tax consequences relating to transferring funds to an HSA, I have been advised to see a tax professional. State tax laws may vary, and I agree that Discovery Benefits and HealthcareBank makes no representation as to the tax effect of this transfer under state law. I also acknowledge that my decision to transfer funds to my Discovery Benefits/HealthcareBank HSA is completely voluntary. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer and I agree that Discovery Benefits and HealthcareBank shall in no way be responsible for those consequences. I authorize the transfer of the HSA assets in the manner described above and I certify all information provided by me is true and correct and may be relied upon by the transferring trustee or custodian, Discovery Benefits and HealthcareBank.

\*HSA Account Holder or Former Spouse Signature

\*Date

## Step 6: Accepting HSA Custodian

HealthcareBank agrees to serve as the new Custodian for an account of the above-named individual, and as Custodian, we agree to accept the funds being transferred.



Authorized Signature of Accepting HSA Custodian

## Important HSA Transfer Information

<b>Eligibility for HSA Transfer</b>	You may only transfer funds into a Discovery Benefits/HealthcareBank HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the account holder of the transferring HSA, Archer MSA or IRA, the surviving spouse of a deceased account holder or the former spouse of the account holder who is receiving an interest in the HSA, Archer MSA or IRA pursuant to a divorce or separation agreement.
<b>One-Time Transfer from a Roth or Traditional IRA to an HSA</b>	IRA transfers count toward and are limited to your maximum HSA contribution for the year. The amount of your IRA transfer is not allowed as a deduction. Your funds will be returned in the event that the deposit amount, when added to your total cumulative year-to-date contribution, exceeds the maximum annual contribution threshold as determined by the IRS. Generally, only one transfer may be made during the lifetime of an individual. Penalties may apply if High Deductible Health Plan (HDHP) coverage does not continue for 12 months. This transfer option does not apply to SEP or SIMPLE IRAs.
<b>Excess Contributions</b>	You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to a Discovery Benefits/HealthcareBank HSA. All transfer funds will be coded as a transfer contribution. If excess contributions are transferred to the Discovery Benefits HSA it is your responsibility to notify Discovery Benefits and request a withdrawal of the excess amount. There may be additional IRS tax penalties when excess contributions are transferred to the new HSA.
<b>Investments</b>	Your HSA will be invested as provided under your HSA arrangement with Discovery Benefits/HealthcareBank.
<b>Additional Information about HSAs</b>	See IRS Publication 969 Health Savings Accounts and other Tax Favored Health Plans for additional information about HSAs. This publication is available free from the Internal Revenue Service website: <a href="http://www.irs.gov">www.irs.gov</a> .