



Custodian:
 First American Bank
 P. O. Box 0794
 Elk Grove Village, IL 60007
 (847) 952-3700



Request for Transfer to a Health Savings Account (HSA)

1 HSA OWNER INFORMATION

NAME AND ADDRESS		ACCOUNT NUMBER
		SOCIAL SECURITY NUMBER (SSN)
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	E-MAIL (OPTIONAL)

2 TYPE OF TRANSFER

Select One: Traditional IRA to HSA Roth IRA to HSA HRA to HSA

HSA to HSA Archer Medical Savings Account (MSA) to HSA FSA to HSA

3 TRANSFEROR CUSTODIAL/TRUSTEE REQUEST

My HSA/ Archer MSA/ IRA/ FSA/ HRA custodian/trustee (transferor), _____ should transfer the assets identified in the Transfer Instructions section.

TRANSFEROR ADDRESS	TRANSFEROR PHONE NUMBER
	TRANSFEROR HSA/ ARCHER MSA/ IRA/ FSA/ HRA ACCOUNT NUMBER

4 TRANSFER INSTRUCTIONS (See Additional Information included with this form.)

Complete my transfer as directed. Note: Penalties and market fluctuations may affect the distribution amount.

<p>A. Payment Amount (select one):</p> <p><input type="checkbox"/> My entire balance.</p> <p><input type="checkbox"/> The following amount. \$ _____</p>	<p>B. Payment Schedule and Investments (select one):</p> <p><input type="checkbox"/> Immediately liquidate all investments and send cash proceeds.</p> <p><input type="checkbox"/> Liquidate the investments as identified below:</p>												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Account Number or Investment</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Dollar Amount or Number of Shares</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">\$ _____ or _____ shares</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">\$ _____ or _____ shares</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">\$ _____ or _____ shares</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">\$ _____ or _____ shares</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">\$ _____ or _____ shares</td> </tr> </tbody> </table> <p><input type="checkbox"/> Other _____</p>		<u>Account Number or Investment</u>	<u>Dollar Amount or Number of Shares</u>	_____	\$ _____ or _____ shares	_____	\$ _____ or _____ shares	_____	\$ _____ or _____ shares	_____	\$ _____ or _____ shares	_____	\$ _____ or _____ shares
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<p>C. Delivery Instructions:</p> <p>(1) Transferee HSA Account Number: _____</p> <p>(2) Make check payable to or certificate registration in the name of _____ First American Bank _____ as Custodian / <input type="checkbox"/> Trustee for the HSA of _____</p> <p>(3) Mail to: 500 E. Grand Avenue, Lake Villa, IL 60046 _____ ATTN: HSA Transfers _____</p>													

5 SIGNATURES

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my HSA/Archer MSA assets as set forth in this form. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. The transferee custodian/trustee agrees to accept these funds as a transfer.

Signature of HSA Owner	Date	 Signature of Custodian/Trustee	Date
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ADDITIONAL INFORMATION

Purpose. The Request for Transfer to a Health Savings Account (HSA) form is designed to assist you in the non-reportable movement of assets from one HSA to another HSA or from an Archer Medical Savings Account (MSA) to an HSA. Also from a Flexible Spending Account to a Health Savings Account, a Health Reimbursement Account to an HSA, a traditional Individual Retirement Account or a Roth IRA to an HSA.

Additional Documents. A transfer can avoid income and penalty taxes but, to be successful, additional contribution and distribution documentation may be required.

For Additional Guidance. It is in your best interest to seek the guidance of your tax or legal professional before completing this document. Your first reference should be the HSA agreement and disclosure statement. For more information, refer to Internal Revenue Code (IRC) Section 223 and all additional Internal Revenue Service (IRS) guidance, IRS publications that include information about HSAs, your local IRS office, or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following terms may be helpful in completing your transactions.

Archer Medical Savings Account (MSA). An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.