

health savings

request for transfer form

HSA OWNER INFORMATION

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

TYPE OF TRANSFER

Select One:

Traditional IRA to HSA
 Roth IRA to HSA
 HSA to HSA
 Archer Medical Savings Account (MSA) to HSA

TRANSFEROR CUSTODIAL/TRUSTEE REQUEST

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

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

TRANSFER INSTRUCTIONS (See Additional Information included with this form.) Complete my transfer as directed. Note: Penalties and market fluctuations may affect the distribution amount.

A. Payment Amount (select one):

My entire balance.
 The following amount: \$ _____

B. Payment Schedule and Investments (select one):

Immediately liquidate all investments and send cash proceeds.
 Liquidate the investments as identified below:

Account Number or Investment	Dollar Amount or Number of Shares
_____	\$ _____ or _____ shares
_____	\$ _____ or _____ shares
_____	\$ _____ or _____ shares
_____	\$ _____ or _____ shares
_____	\$ _____ or _____ shares
	<input type="checkbox"/> Other _____

C. Delivery Instructions:

(1) Transferee HSA Account Number: _____
 (2) Make check payable to or certificate registration in the name of _____ First American Bank as Custodian / Trustee for the HSA of _____
 (3) Mail to: P.O. Box 0794, Elk Grove Village, IL 60009 ATTN: HSA Transfers

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 _____

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 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.

To find out more about our HSAs,
call us toll-free at (866) 449-1150 or visit
www.FirstAmBank.com.

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