# **Rollover/Transfer Request Form**

Mail or fax completed forms to:

Address: HealthEquity, Attn: Client Services

15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020

**Fax:** 520.844.7090

Health Equity Building Health Savings"

Use the rollover/transfer request form to:

- 1. Roll over funds into your HealthEquity® HSA that have already been distributed to you from another custodian, or,
- 2. Transfer monies directly from another custodian into your HealthEquity HSA.

## Part I—Primary Account Holder Information

Last Name	First Name		M.I.
Street Address	City	State	ZIP
E-Mail Address	Daytime Phone ( )	SSN or HealthEquity ID Numb	er (6 or 7 digits) REQUIRED
Health Insurance Company	Employer Name		

# Part II—Transfer Information (Do not complete for Rollover)

This request is for a custodian-to-custodian transfer or an en be directly transferred to an HSA at HealthEquity.	nployer-to custodian transfer. The monies	currently held by a	nother custodian are to				
Current Custodian/Financial Institution		Daytime Phone ( )					
Address	City	State	ZIP				
Current HSA/IRA/MSA Account Number		·					
Please indicate the account type that the monies will be coming from. (See rules and conditions for account type on page 2.)							
□ IRA <sup>1</sup> (individual retirement account) □ MSA <sup>3</sup> (me	A <sup>1</sup> (individual retirement account) 🛛 MSA <sup>3</sup> (medical savings account) 🔅 Another HSA <sup>3</sup> (health savings account)						
Current Custodian Instructions:							
Make a check payable to HealthEquity and mail it to:							
HealthEquity, Attn: Client Services 15 West Scenic Pointe Drive, Suite 400							
Draper, UT 84020							
This transfer request will close my existing account. I authorize the transfer of assets in the manner described above and certify that all of the information provided by me is true and complete.							
Account Holder Signature (required)		Date					
Transfers							
<sup>1</sup> IRA—Beginning in 2007, individuals can make one lifetime t the year of the transfer. Additional information can be found		o the contribution	limits applicable for				

<sup>3</sup>HSA/MSA—If you instruct the custodian of your HSA or MSA to transfer funds directly to the custodian of another HSA, the transfer is not considered a rollover. There is no limit on the number of these transfers. You do not need to include the amount transferred in income, deduct it as a contribution, or include it as a distribution on IRS Form 8889, line 12a.



1234 98-123-1/4359

Dollars

1234

Check Number

(Do not include)

### Part III—Rollover Amount \$\_

## (Do not complete for Transfer)

#### Option 1—Check

I have included a check for the amount of the distribution from another HSA.

Option 2—Use the verified electronic funds transfer (EFT) account on file and associated to my HealthEquity® HSA.

Your Name 123 Main Street Any Town, USA 54321

For

Pay to the order of

Routing Number

**■1 2 2000 78 9 ■ 0123456789** 

Account Number

#### Option 3—Transfer the funds from the following account.

(Note: E-mail address is required for EFT.)

Account type: Checking Savings

Financial institution:

City/state:\_\_

Routing number:

Account number:

Form must be accom	panied by a c	copy of a vo	ided or actual	check.

### **Rollovers**

A rollover is a way to move money or property from a medical savings account (MSA) or existing health savings account (HSA) to a HealthEquity HSA. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed, and how the custodian must report the transaction.

#### 1. Timelines

The funds you receive from an MSA or HSA must be deposited into an HSA within 60 days of receiving them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day you pick up the check from the Custodian or you receive the check in the mail. The 60 day rule is set by the IRS and cannot be changed by HealthEquity.

#### 2. Twelve-Month Restriction

You are entitled to one distribution per year per HSA, which may be rolled over to another HSA. Twelve (12) months must pass after receipt of one rollover before you may make another distribution from the same HSA to rollover.



# Move It. Double It.

Get double interest on your HealthEquity<sup>®</sup> HSA. Just transfer or roll over \$250 or more from another HSA to HealthEquity and get up to \$25 total. Get full details at www.healthequity.com/DoubleInterest.