



Millennium Trust Company
 2001 Spring Road, Suite 700
 Oakbrook, IL 60523
 800.783.4022

www.mtrustcompany.com

TRANSFER AUTHORIZATION (HSA, MSA and IRA)

A ACCOUNT INFORMATION

Present Trustee/Custodian:

Present Trustee/Custodian Address:

City: State: Zip:

Trustee/Custodian Account No.: Trustee/Custodian Phone No.:

Account Holder Name:

Social Security No.: Phone No.:

B TRANSFER TO HSA

PLEASE NOTE: A complete copy of an account statement with your current Trustee/Custodian MUST be attached before any transfer can be completed. Upon receipt, this original signed form will be submitted for transfer of assets.

To request a transfer to your HSA, please review the details for each of the three types of transfers below, check the appropriate option and provide the dollar amount of the transfer.

A transfer from an HSA or MSA is a non-taxable transaction and does not count toward your maximum annual contribution limit.

- 1.) **Transfer from an HSA to an HSA**
- 2.) **Transfer from an MSA to an HSA**

(Note: If choosing transfer type 1 or 2, please select one of the options listed below.)

- Transfer entire account IN-KIND. (Assets will be re-registered and money market funds transferred in cash.)
- Liquidate all assets and transfer in cash. Estimated amount: \$
- Partial transfer of cash \$
- Partial transfer of IN-KIND assets, see below.

Quantity (# of Shares or \$ Amount)	Description of Asset (Name of Fund, Security or Asset)	Estimated Value
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

A transfer from an IRA to an HSA is a once in a lifetime direct tax-free transfer from your IRA custodian or trustee. This transfer does count as a contribution toward your annual HSA contribution limit and may not exceed that limit.

- 3.) **Transfer from an IRA to an HSA - (must be made in cash)**

Amount: \$ Contribution Year:

Please continue to page two to complete this form.



C ACCOUNT HOLDER ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge that the assets listed above are held in an IRA/MSA/HSA established and administered under an IRS approved master or prototype plan and that said IRA/MSA/HSA meets the qualifications of the Internal Revenue Code. I understand that Millennium reserves the right to review all assets being transferred over prior to final acceptance as successor custodian. To expedite the transfer, I have provided Millennium with complete information, and I will check with my current Trustee to determine when the transfer will be processed.

Please check with your current Trustee/Custodian to determine if a Medallion Signature Guarantee is required.

[Medallion Signature Guarantee Stamp Here]

A Medallion Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a signature guarantee.

Account Holder's Signature _____

Date:

This form will be sent to your current Custodian by regular U.S. Mail unless overnight delivery is requested.

Yes, I authorize Millennium to send by overnight delivery (A \$25 fee will be charged to your account).

D DELIVERY INSTRUCTIONS

All DTC-Eligible:

Fifth Third Bank
 Participant # 2116, FFC A/C#: 010039362096
 A/C Name: Millennium Trust Co., LLC, Agent Bank # 10016
 Institutional ID: #53807
 F/C: [Enter Client Account Number Here]

Book-Entry/Bonds:

ABA # 042000314 / Fifth Cin / 1050
 FFC A/C#: 010039362096
 A/C Name: Millennium Trust Co., LLC
 F/C: [Enter Client Account Number Here]

Fed-Wires:

Bank Name: The Private Bank
 Bank ABA No.: 071006486
 Account Number: **2207967**
 Account Title: (Client Name) - HSA

Mutual Funds Transfers:

Do not establish FBO Account (To be completed by MTC)

Client Name:

Date:

Acct No.:

Description of Asset:

of shares / All:

Fund Acct #:

Checks:

Millennium Trust Company
 Attn: HSA Manager
 2001 Spring Road, Suite 700
 Oak Brook, IL 60523
 Client Name:

PLEASE DO NOT FAX THIS FORM.

For use by Millennium Trust Only	Date: _____
Millennium Trust Company, LLC will accept the above captioned account as successor Custodian.	
Authorized Officer _____	Account No.: _____
(Tax Identification No. 36-4400066)	Date Mailed: _____