

QUALIFIED HSA FUNDING DISTRIBUTION REQUEST

This form is to be used to move money from your Traditional or Roth IRA directly to your HSA.

IRA HOLDER'S NAME AND ADDRESS (Distributing IRA)				CURRENT IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS						
Social Security Number	Social Security Number Date of Birth Home Phone		IRA Account Identi (Distributing II			Type of IRA (Distributing IRA)		Trustee's or Custodian's Phone Number		
						—	raditional IRA oth IRA			
DISTRIBUTION INSTRUCTIONS										
I direct the IRA Trustee or	· Custodian to make my					lows.				
			Distribut	ion Amount						
☐ Entire Account ☐ S ₁	pecify Amount \$									
Please make a check payable	e as follows:									
as Trustee Custodian of the Name of Accepting Organization as Mrane (Name of HSA Account Owner)										
This distribution will will not close the IRA.										
This distribution win	will not close the fier	1.								
		J ALIFIED HSA FU qualified HSA fundi								
1. ELIGIBILITY Are you eligible to co	ontribute to an HSA? .							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s	
2. LIMIT ON QUALIFIED HSA FUNDING DISTRIBUTIONS									S □ NO	
3. PERMISSIBLE IRAS										
4. MAXIMUM QUA	ALIFIED HSA FUN listribution less than or	DING DISTRIBU	UTIONS							
13 the 11574 funding e	iistrioution ress than of	equal to the current	year 3 11571	- Controllion II.					,	
	NG INSTRUCT	FIONS Quantity o	A a t	Liquidate	Liquidate	Distribute				
Asset Description				i IRA	to be Dis		Immediately		in Kind	
1.										
2.] [
3.										
4.										
	SIGNATURE				ACCEPT	ING HSA T	RUSTEE OR C	CUSTODIAN		
I authorize the qualified HSA funding distribution in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. I understand that I am responsible for determining that this qualified HSA funding distribution qualifies under the rules and conditions applicable to such transactions and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the movement of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.				The HSA designated by the above-named individual is a valid HSA. The undersigned hereby agrees to serve as the Trustee or Custodian for the HSA of the above-named individual and, in that capacity, agrees to accept the assets being distributed as a qualified HSA funding distribution into the HSA for the individual listed above. Account Identification of Accepting HSA TwoRiver Community Bank 1250 Highway 35 Middletown, NJ 07748 1.877.706.9009						
	gnature Guarantee)		Date)		uthorized Signature	of Nov. T-	on Contodica		(Date)	
UNUMENT FUNCTOR	manure Guillanier	(1)	rack I	Ι Δ	DEDUCED SOURCE	OF INCW THISTOR	COLVERNO CONTRACTOR		LAGICA	

Rules And Conditions Applicable To Qualified HSA Funding Distributions

GENERAL INFORMATION

A qualified HSA funding distribution is a way to move money from your IRA into your HSA and avoid taxation and penalties on the IRA distribution. The Internal Revenue Code (IRC) limits the amount of the HSA funding distribution, the number of HSA funding distributions you may perform, and the eligibility for an HSA funding distribution. By properly completing this form, you are certifying to the Trustee or Custodian that you have satisfied the rules and conditions applicable to a qualified HSA funding distribution.

QUALIFIED HSA FUNDING DISTRIBUTION REQUIREMENTS

1. ELIGIBILITY

To make a qualified HSA funding distribution to your HSA you must be eligible to contribute to an HSA. This means that you must be covered under a high deductible health plan (HDHP), not covered by another health plan that is not an HDHP, not enrolled in Medicare, and not eligible to be claimed as a dependent on another person's tax return.

2. LIMIT ON QUALIFIED HSA FUNDING DISTRIBUTIONS

You are entitled to perform only one qualified HSA funding distribution per your lifetime. An exception to this rule is made for an individual switching HDHP coverage from single coverage to family coverage in the same year as the HSA funding distribution. A second HSA funding distribution may be performed in the same year as the coverage change to increase the contribution up to the family coverage amount for the current year. You are not allowed a second HSA funding distribution for a change from family coverage to single coverage.

3. PERMISSIBLE TYPES OF IRAS

A qualified HSA funding distribution may be made from any IRA other than an ongoing simplified employee pension (SEP) IRAs or savings incentive match plan for employees of small employers (SIMPLE) IRAs. For SEP and SIMPLE IRAs to be considered ongoing, an employer has to make a contribution to the IRA for the plan year ending with or within the tax year in which the qualified HSA funding distribution occurred.

4. MAXIMUM QUALIFIED HSA FUNDING DISTRIBUTION

The maximum qualified HSA funding distribution that may be made from your IRA to your HSA is limited to the applicable federal HSA contribution limit for the current year. The qualified HSA funding distribution is aggregated with all of your HSA contributions for the year when calculating the maximum contribution.

TESTING PERIOD

For the HSA funding distribution to be qualified, you must be HSA-eligible at the time of distribution and remain HSA-eligible (with exceptions for death and disability) by retaining HDHP coverage during a 12-month testing period. The 12-month period begins with the month the qualified HSA funding distribution is contributed and ends on the last day of the twelfth month following that month. If you fail to maintain eligibility during this testing period, you must include the qualified HSA funding distribution in your taxable income, including a 10 percent penalty unless the failure is due to death or disability.

REPORTING INFORMATION

A qualified HSA funding distribution is reported on IRS Form 1099-R as a regular distribution in the year the distribution occurred, and a subsequent contribution to your HSA for the year in which it was received.