



Instructions: Complete the form and mail to *HealthSavings*. Allow 4–6 weeks for the transfer to be completed.

Mail completed form to:

HealthSavings Administrators

10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235

NOTE: Contact your current custodian to verify if a medallion signature guarantee is required. If the medallion signature guarantee is required, obtain this before submitting the form.

Account Holder Information

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____ / _____ / _____

Primary Phone Number _____ Secondary Phone Number _____

Guidelines for Transferring an IRA to an HSA:

1. IRA Transfers must be a direct trustee to trustee/custodian transfer.
2. You are typically allowed a one-time transfer from an IRA to an HSA. If you change from self-only to family coverage during the same tax year; you may make a second distribution, up to the maximum annual contribution limit for the family HDHP as determined in IRS Notice 2008-51.
3. The transfer is limited to the maximum HSA contribution for the year, and the amount contributed is not allowed as a deduction. Your total HSA contributions and IRA transfer cannot exceed the HSA contribution maximum.
4. The IRA transfer will not be included in income or subject to the additional early withdrawal tax.
5. If you elect the transfer and do not remain eligible to contribute to your HSA until the last day of the twelfth month following the month of the transfer ("the testing period"), the transferred amount will be included in income and subject to an additional 10% tax.
6. Transfers can be made from a Traditional or Roth IRA, as defined in Internal Revenue Code Section 408(a) and Notice 2008-51.
7. You may only transfer your IRA funds to your HSA; a spouse's IRA may not be transferred.

Transfer From: IRA Trustee or Custodian*

Institution Name _____

Street Address _____ Suite _____

City _____ State _____ ZIP Code _____

Primary Phone Number _____

P.O. Box _____ City _____ State _____ ZIP Code _____

IRA Account Number _____

***Account holder must instruct present trustee/custodian to liquidate shares equal to amount of transfer prior to submitting this form.**

~ Continued on Page 2 ~



Transfer to: FPS Trust on Behalf of *HealthSavings*

Amount of Transfer \$ _____ *

* The amount of the transfer cannot exceed the annual contribution maximum and can only be applied to the current calendar year. Visit HealthSavings.com for the current contribution maximum or contact us at 888.354.0697.

Authorization Statement

Before signing below, please consult your tax advisor to discuss the potential tax consequences that could result if the transfer is deemed ineligible or you become ineligible during the testing period defined in guideline 5.

I authorize FPS Trust to transfer funds as designated from my IRA to my health savings account with *HealthSavings*. I understand that the transfer is subject to the annual contribution limit, and I accept any tax consequences that could result if the above transfer is not a qualified IRA rollover.

Account Holder Signature

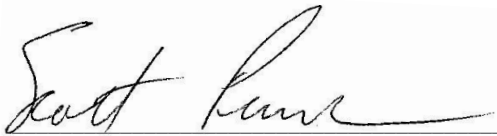
____ / ____ / ____
Date (mm/dd/yyyy)

Accepting HSA Custodian

Our organization serves as the trustee or custodian for a health savings account of the named individual, and as trustee or custodian, we agree to accept the assets being transferred.

Regular Mail:
FPS Trust
P.O. Box 3079
Englewood, CO 80155

Overnight Mail:
FPS Trust
9200 E Mineral Ave, Ste 355
Centennial, CO 80112



Authorized Signature of New Trustee or Custodian

____ / ____ / ____
Date (mm/dd/yyyy)