

Health Savings Account (HSA) Rollover Request Form

Instructions: Complete this form to roll over funds from a previous HSA or MSA to your current HSA with FPS Trust. Please allow 4-6 weeks for the rollover request to be completed.

Mail your completed form and your personal check payable to "FPS Trust" directly to our custodian, FPS Trust, at the address below. NOTE: Checks made out to *HealthSavings* Administrators or HSA xChange will not be accepted.

FPS Trust Company

P.O. Box 3079
Englewood, CO 80155

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.

PART 1 Accountholder Information

NOTE: You must open an HSA by submitting an enrollment application prior to completing this form.

First Name _____ Last Name _____ M.I. _____
Street Address _____ Apt / Suite _____
City _____ State _____ ZIP Code _____
Social Security Number _____ Primary Phone Number _____
Account Number _____

PART 2 Request Information

- Direct MSA or HSA Rollover:**
I have been issued a check in the amount of \$_____ and have closed my HSA or MSA with another trustee. I would like to roll over the funds into my existing HSA with FPS Trust.

Accepting HSA Custodian

FPS Trust agrees to serve as the new trustee or custodian for an account for the above-named individual, and as trustee or custodian, we agree to accept the assets being transferred. Please remit a check payable to FPS Trust as custodian for the above-mentioned account for the requested transfer amount, and mail to FPS Trust Company, P.O. Box 3079, Englewood, CO 80155.



Authorized Signature of New Trustee or Custodian

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Rules and Conditions

General Information

A rollover is a way to move money or property from a medical savings account (MSA) or HSA. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. By properly completing this form, you are certifying to the trustee or custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover.

Rollover

- 1. Timelines** — The fund you receive from the distributing MSA or HSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. There are generally no exceptions to the 60-day rule and the IRS cannot grant extensions. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the trustee or custodian or you receive the check in the mail.
- 2. Twelve-Month Restriction** — You are entitled to one distribution per year per HSA which may be rolled over. Twelve (12) months must pass after receipt of one distribution which you roll over before you may take another rollover from the same HSA. The focus is on distributions out of an HSA. An HSA is created by executing a plan agreement, not by depositing a contribution into a separate investment within an existing MSA or HSA.

PART 3 Accountholder Authorization

I have read and understand the rules and conditions and I have met the requirements for making the designated transaction. Due to the important tax consequences of the designated transaction I have been advised to see a tax professional. All information provided to me is true and correct and may be relied on by the trustee or custodian. I assume full responsibility for this transaction and will not hold FPS Trust liable for any adverse consequences that may result.

Applicant's Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Sales Director _____