

# 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

Use the rollover/transfer request form to:

1. Roll over funds that have already been distributed to you from another custodian into your HealthEquity® HSA, or,
2. Transfer monies directly from another custodian into your HealthEquity HSA. Please contact your current custodian to ensure that you meet all of their requirements for transferring funds.

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 Number (6 or 7 digits) REQUIRED	
Health Insurance Company	Coverage Effective Date	Coverage Type <input type="checkbox"/> Single <input type="checkbox"/> Family	
Please select one of the following:			
<input type="checkbox"/> I have an HSA at HealthEquity. 6 or 7 digit HealthEquity ID number (if not included above): _____			
<input type="checkbox"/> I am setting up an HSA through my employer. Employer name: _____ Phone: _____			
<input type="checkbox"/> I am enclosing an enrollment form with this rollover/transfer form to establish a new HSA with HealthEquity.			

Part II—Transfer Information (Do not complete for Rollover)			
This request is for a custodian-to-custodian transfer or an employer-to custodian transfer. The monies currently held by another custodian are to be directly transferred to an HSA at HealthEquity.			
Financial Institution (or Employer Name)		Daytime Phone ( )	
Address	City	State	ZIP
Current HSA/IRA/MSA Account Number	Dollar amount to be transferred (if known)		
This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close my existing account.			
Please indicate the account type that the monies will be coming from. (See rules and conditions for account type on page 2.)			
<input type="checkbox"/> IRA <sup>1</sup> (individual retirement account) <input type="checkbox"/> MSA <sup>3</sup> (medical savings account) <input type="checkbox"/> Another HSA <sup>3</sup> (health savings account)			
<b>Current Custodian Information:</b> _____			
Check option: Make a check payable to HealthEquity and mail it along with this form to: HealthEquity, Attn: Client Services 15 West Scenic Pointe Drive, Suite 400 Draper, UT 84020			Notary Seal (when required by current custodian)
<b>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.</b>			
Account Holder Signature (required)			Date

Transfers
<sup>1</sup> IRA—Beginning in 2007, individuals can make one lifetime transfer from their IRA to an HSA, subject to the contribution limits applicable for the year of the transfer. Additional information can be found at <a href="http://www.irs.gov">www.irs.gov</a> .
<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.

**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.**

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

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

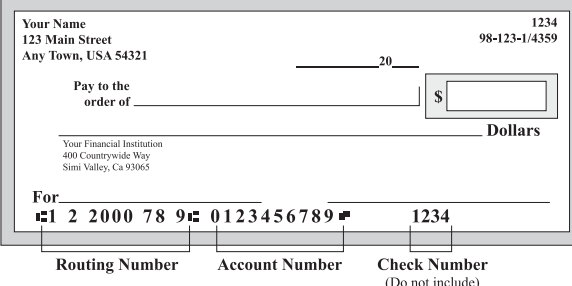
Account type:  Checking  Savings

Financial institution: \_\_\_\_\_

City/state: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_



Your Name  
123 Main Street  
Any Town, USA 54321

1234  
98-123-1/4359

\_\_\_\_\_20\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Your Financial Institution  
400 Countrywide Way  
Simi Valley, Ca 93065

For \_\_\_\_\_

⑆ 1 2 2000 78 9 ⑆ 0123456789 ⑆ 1234

Routing Number      Account Number      Check Number  
(Do not include)

**Form must be accompanied by a copy of a voided 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® 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](http://www.healthequity.com/DoubleInterest).