



Instructions: Complete, print, and mail this form following the mailing instructions below. Allow 4-6 weeks for the transfer request to be completed.

Instructions

- For Direct Transfers:** Complete all sections and mail this original form to *HealthSavings* Administrators, 10800 Midlothian Tpke, Ste 240, Richmond, VA 23235, along with a copy of your most recent statement for the account you are transferring. We suggest you contact the current custodian to make sure the transfer request has been received and is being processed.
- For Rollovers:** Complete sections 1,2 & 5 and attach your personal check payable to "FPS Trust" when submitting this form. Please include your HSA account number in the notes section of your check, so we know where the funds should be allocated. Mail the form and your check to FPS Trust Company, P.O. Box 3079, Englewood, CO 80155. Please note that checks made out to *HealthSavings* Administrators will be returned.

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 through *HealthSavings* 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 _____

PART 2 Request Type

- Trustee to Trustee Transfer:**
I currently have HSA funds with another trustee/custodian and want to transfer the funds directly to FPS Trust. (Proceed to Part 3.)
- Direct MSA or HSA Rollover:**
I currently have an HSA or MSA with another trustee and have been issued a check in the amount of \$ _____ and closed my HSA or MSA. I would like to roll over the funds into my existing HSA with FPS Trust. (Proceed to Part 5.)

PART 3 Transfer Information (All fields are required unless you are mailing a rollover check with this form.)

Current Custodian Name _____ Current HSA/MSA Account Number _____
 Custodian Address _____ Suite _____
 City _____ State _____ ZIP Code _____
 Primary Phone Number _____

PART 4 Transfer Instructions

- Full Transfer:** Please transfer 100% of my HSA balance. Transfer as cash. Liquidate investments, if applicable.
- Partial Transfer:** Please transfer \$ _____ to FPS Trust and **DO NOT** close my account with your organization.*
- *Accountholder must instruct present trustee/custodian to liquidate shares equal to amount of transfer prior to submitting this form.

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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

Rules and Conditions Applicable to Rollovers and Transfers

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 5 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 _____

Partner Code _____

Case Number _____