

Health Savings Account (HSA) Rollover/Transfer Form

PLEASE READ THIS BEFORE SUBMITTING THIS FORM

Your Rollover or Transfer is important to us. To ensure timely processing of your request, please follow the instructions and guidelines below while filling out this form

Tips for Completing the HSA Rollover/Transfer Form

Please use this form to roll over or transfer funds from another HSA or an Archer MSA administrator into your existing Wells Fargo HSA. Funds will be applied to the tax year in which they are received.

- Provide all requested information.
- Use your legal name.
- Make sure the total amount is accurate.
- Sign and date the form.

Guidelines for Completing a Rollover of Funds

- 1. A **rollover** is when a trustee/custodian distributes funds directly to an accountholder and the check is made payable to the accountholder. In this case, the accountholder takes "constructive receipt" of the funds.
- 2. The accountholder has 60 days to roll the funds to a new trustee/custodian to avoid tax consequences.
- 3. By selecting this option, you are certifying to Wells Fargo Health Benefit Services, a division of Wells Fargo Bank, N.A., 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. If you need additional information, please contact your tax advisor.
- 4. The funds you receive from the distribution of an HSA /Archer MSA must be deposited into another HSA within 60 calendar days after you receive them (i.e. funds in hand).
- 5. You may make a rollover contribution of funds from another HSA/Archer MSA once every 12 months.
- 6. Please consult your tax advisor for more information.

Guidelines for Completing a Transfer of Funds

- 1. A **transfer** is when a trustee/custodian distributes funds directly to an accountholder or to a new trustee/custodian and the check is made payable to the new trustee/custodian. In this case, the accountholder has not taken constructive receipt of the funds.
- 2. The "once every 12 months" limitation described in Guideline 5 for Rollover of Funds does not apply to transfers.
- 3. Please consult your tax advisor for more information.



Health Savings Account (HSA) Rollover/Transfer Form

Account Information * required	d field			
First Name*	Middle Name		Last Name*	
Account Number*			<u> </u>	
Phone* (XXX) XXX XXXX	Alternate Phone (XXX) XXX	(XXXX	Email	
Rollover/Transfer	L		L	
Note: See the following page for i	mportant information about co	mpleting a rollov	er or transfer.	
Please select one of the follow	ring options:			
funds and have enclosed either	1) a check from my former trus ealth Benefit Services. Please rei	tee/custodian p	stee/custodian. I am requesting a ayable to me or 2) a personal chec orse your check if you are enclosin	ck or money
Transfer. I am requesting a wells Fargo Health Benefit Servi		osed a check fro	m my former trustee/custodian pa	ayable to
I am rolling over or transferring funds from:		Amount		
Another HSA An Archer MSA		\$		
consequences associated with moving t	funds into an HSA, I have been advised	to see a tax professi	for making a transaction. Due to the impo- ional. All information provided by me is tru ransaction and will not hold HBS liable for	e and correct and
Accountholder Signature			Date (MM/DD/Y)	(YY)

Please mail this completed and signed form along with a check or money order to: Wells Fargo Health Benefit Services, P.O. Box 45600, Salt Lake City, UT 84145-0600

Questions? Please contact our Customer Service Center at (866) 884-7374. Web site: www.wellsfargo.com/hsa

Funds may not be available for immediate withdrawal.