

Individual Retirement Account (IRA) to Health Savings Account (HSA) Transfer Request Form

The Wells Fargo logo is located in the top right corner of the page. It consists of the words "WELLS" and "FARGO" stacked vertically in a white, serif font, set against a black square background.

PLEASE READ THIS BEFORE SUBMITTING THE FORM

Your transfer request 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 Distribution Request Form

- Complete all required fields.
- Sign and date the form.

Guidelines for Transferring an IRA to an HSA

1. Internal Revenue Code Section 408(d)(9) allows one IRA to an HSA transfer in a lifetime. However, if your high deductible health plan (HDHP) changes from self-only coverage to family coverage in the same tax year, you are allowed a second IRA to HSA transfer in that tax year.
2. Only transfers from Traditional and Roth IRAs are accepted at this time. Transfers from SEP and SIMPLE IRAs are not accepted.
3. An IRA to HSA transfer relates to the tax year in which it is made. Transfers made between January 1 and the tax cut off date (generally April 15th) cannot be deemed to be made in the preceding tax year.
4. The maximum IRA transfer amount is the same as the maximum annual HSA contribution. The total of your IRA to HSA transfer and your other HSA contributions cannot exceed the maximum annual HSA contribution for the tax year. The IRA to HSA transfer is not allowed as a deduction on your tax return. Please visit wellsfargo.com/hsa for more information on maximum contribution limits.
5. Once the IRA to HSA transfer has been completed, funds distributed from the HSA are subject to normal HSA distribution rules.
6. The IRA transfer is generally not considered income and is not subject to an early withdrawal penalty. If, however, you do not remain eligible to contribute to your HSA (for reasons other than death or disability) during a "testing period" that begins with the month in which the IRA transfer occurs and ends on the last day of the 12th month following, the transferred amount will be considered as income and may be subject to a 10% additional tax.
7. If you would like to make an HSA funding distribution from multiple IRAs, you must first make an IRA to IRA transfer into a single IRA, from which the one-time qualified HSA distribution can be made.
8. This request will be voided if funds are not received within 90 days of the receipt of this form. Inaccurate or incomplete forms will be returned.

You may mail this form to *Wells Fargo Health Benefit Services, P.O. Box 45600, Salt Lake City, UT 84145-0600*. If you have any questions, please contact our Customer Service Center at 866-884-7374.

Individual Retirement Account (IRA) to Health Savings Account (HSA) Transfer Request Form



Please select one of the following options for transferring your IRA funds to an HSA.

- I am including a single check from my IRA Trustee/Custodian made payable to **Wells Fargo Health Benefit Services**.
- I would like Wells Fargo to request funds from my IRA Trustee/Custodian (complete Section B).

A. Personal Information *required field		
First Name*	Middle Name	Last Name*
Account Number (Required if existing HSA customer)	Social Security Number* (last 4 digits)	Date of Birth* (MM/DD/YYYY)
Phone XXX-XXX-XXXX	Alternate Phone XXX-XXX-XXXX	
B. IRA Trustee/Custodian Information: Wells Fargo cannot accept IRA to HSA transfer funds directly from the accountholder. Checks must be made payable to Wells Fargo Health Benefit Services from your IRA Trustee/Custodian.		
Trustee/Custodian Name	Date Requested (MM/DD/YYYY)	
Address of the Trustee/Custodian		
City	State	Zip
P.O. Box (if applicable)	Phone XXX-XXX-XXXX	
IRA Account Number	Select one: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	I am transferring (select one): <input type="checkbox"/> Full Amount (please specify) \$ _____ <input type="checkbox"/> Partial Amount (please specify) \$ _____
C. Transfer to my Wells Fargo HSA		
Do you currently have a Wells Fargo HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No – Please complete an <i>Individual Application for a Health Savings Account</i> available at wellsfargo.com/hsa . Submit with this form to Wells Fargo Health Benefit Services, P.O. Box 45600, Salt Lake City, UT 84145-0600.		
D. Signature		
I understand that potential tax consequences could result if the transfer is deemed ineligible or I become ineligible for an HSA during the testing period, defined above in Guideline 6. I acknowledge that I should consult my tax advisor to discuss any tax liabilities I may incur. I understand that the transfer is subject to the annual contribution limit, and I accept any tax consequences that could result if the transfer does not meet the requirements in Internal Revenue Code Section 408(d)(9). I represent and warrant the funds are not from a SEP IRA or Simple IRA.		
Signature		Date (MM/DD/YYYY)

Office Use Only

Accepting HSA Transfer (Completed by a Wells Fargo Representative)

Wells Fargo Bank, N. A., serves as the Custodian for the HSA of the above-named individual, and, as Custodian, we agree to accept the assets being transferred to the HSA.

Custodian Signature _____ Date _____

Please include all applicable items in one envelope and mail to:

Wells Fargo Health Benefit Service, P.O. Box 45600 Salt Lake City, UT 84145-0600

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

Funds may not be available for immediate withdrawal.