HSA Transfer Request Form



To request an HSA Transfer or Rollover from prior custodian to DataPath Financial Services, please complete this form and submit it to:

DataPath Financial Services, Ind P.O. Box 55068 Little Rock, AR 72215	с.	Fax: 501-687 [.] Email: fiops@					
Part 1: Account Owner Inform	ation (Please Print)		Please check	here if this is a nev	v mailing or email a	address	
Name (Please Print)				DOB	SSN#		
Address			City			State	Zip
Home Phone () Account Number	Work Phone ()	Email A	ddress			
Account Number		Wother	s Maiden Name (S	ecurity Purposes Of	niy)		
Part 2: Type of Request							
Trustee to Trustee Transfer:		-		cal Savings Account ervices. (Proceed to	t with another Trus Part III)	tee or Custo	odian and want to
HSA Rollover:				a th Financial Service	nd closed my HSA o	or MSA. I wo	ould like to
	1. I want to send my rollover funds via:						
	Check – mail check to: DFS, PO Box 9668 Dept #4473, Conway, AR 72033						
	_			•			
	EFT Draft from my personal bank account at this financial institution:						
	Bank Name						
	Route NumberAccount Number						
	Account Type Checking Savings (Answer the Rollover Qualification Questions below and then proceed to Part IV.)						
Rollover Qualification	(For an eligible rollover, all questions must be answered "NO")						
Questions:	2. Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank?						
	 Did you receiv you also rolled Yes No 	over?	tributions from the	e distributing MSA/	HSA during the pre	ceding 12 m	nonths, which
Part 3: Transfer Information			· ·		g an HSA rollover an your personal accou		ded a check
This request is for a Trustee-to-Trus	stee transfer. The fur	nds currently in	a Health Savings	Account (HSA) or M	ledical Savings Acco	ount (MSA)	with another Trustee

or Custodian are to be directly transferred to DataPath Financial Services.

Current MSA/HSA Trustee/Custodian Information:

Institution Name			_ Phone ()		
Address	City	State	Zip		
Current MSA/HSA Account Number					

Transfer Instructions:

I		(current custodian) to directly		
transfer:	ALL or	PART of my account in the following manner. If partial transfer, list amount \$	·	

Make a check payable to "DataPath Financial Services" for the al	pove account and mail to:	DFS PO Box 9668 Dept #4473, Conway, AR 72033
 Previous Custodian Transfer funds to New Custodian via ACH to a receive the account information. Amount to transfer \$ This transfer \$ 		
Part 4: Account Owner Signature	(Sign Here for Trustee to Trus	stee Transfer)
I authorize the transfer of the HSA or MSA assets in the manner descr	ibed above, and certify that	all of the information provided by me may be relied up

I authorize the transfer of the HSA or MSA assets in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian.

Employee Signature	Date	/	/
		mm/dd/yy	

Rules and Conditions Applicable To Rollover

General Information

A rollover is a way to move money or property from a Medical Savings Account (MSA) or existing Health Savings Account (HSA) to a Health Savings Account. 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 funds you receive from a 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 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 rollover before you may take another distribution from the same HSA to rollover. 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 with an existing MSA or HSA.

You are entitled to rollover the same assets only once in a twelve (12) month period. Twelve (12) months must elapse between the time you receive a distribution of the assets to be rolled over and the time you receive another distribution of those same assets for rollover purposes.

For Internal Use Only: Accepting HSA Custodian

Our organization agrees to serve as the new Custodian for the account of the above named individual, and as Custodian, we agree to accept the assets being transferred.

DataPath Financial Services P.O. Box 55068 Little Rock, AR 72215 Voice: 888-665-1264 Fax: 501-687-1409 Email: fiops@dpath.com

Authorized Signature of New Custodian: _

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