

Rollover/Transfer Request for a Health Savings Account (HSA)

WELLS
FARGO

PLEASE READ THIS BEFORE SUBMITTING THIS FORM

Your Rollover/ Transfer is important to us. To ensure timely processing of your request, please follow the instructions and guidelines below while filling out this form. Please be aware that the information below is a summary of the tax rules. See IRS Publication 969 for additional information and consult your tax advisor with questions.

Tips for Completing the Rollover/Transfer Form

Please use this form to transfer funds from an IRA or to transfer or rollover funds from another HSA or an Archer MSA administrator into a Wells Fargo HSA. If you do not have an established HSA with Wells Fargo, please send an HSA application along with this form.

- Provide all requested information
- Use your legal name (the name on the distributing account must be the same as the owner of the HSA)
- Sign and date the form

Please note: This request will be voided if funds are not received within 30 days of the receipt of this form. Inaccurate or incomplete forms will be returned.

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. Transfers from Traditional and Roth IRAs are accepted at this time. Transfers from ongoing SEP and SIMPLE IRAs are not accepted.
3. The IRA transfer amount counts towards your annual contribution limit.
4. An IRA to HSA transfer relates to the tax year in which the IRA distribution 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.
5. Checks must be made payable to Wells Fargo Health Benefit Services from your IRA Trustee/Custodian. Wells Fargo cannot accept IRA to HSA transfer funds directly from you.

Guidelines for Completing a Rollover of Funds from an HSA/Archer MSA

1. A rollover is when a trustee/custodian distributes funds directly to you and the check is made payable to you. In this case, you take “constructive receipt” of the funds.
2. You have 60 days to roll the funds to a new trustee/custodian to avoid tax consequences.
3. You may make a rollover contribution of funds from another HSA/Archer MSA once every 365 days.
4. The rollover amount does not count towards your annual contribution limits.

Guidelines for Completing a Transfer of Funds from an HSA/Archer MSA

1. A transfer is when a trustee/custodian distributes funds directly to you or to a new trustee/custodian and the check is made payable to the new trustee/custodian. In this case, you have not taken constructive receipt of the funds.
2. The transfer amount does not count towards your annual contribution limits.

Deposit and credit products are offered by Wells Fargo Bank N.A. Member FDIC

Health Benefit Services, a division of Wells Fargo Bank N.A.

© 2014 Wells Fargo Bank N.A. All rights reserved.



Rollover/Transfer Request for a Health Savings Account (HSA)



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*	Alternate Phone	Email
Employer Name (Required if your employer has a Wells Fargo HSA program)		
B. My Wells Fargo HSA		
Do you currently have a Wells Fargo HSA?		
<input type="checkbox"/> Yes <input type="checkbox"/> No – Please complete an Individual Application for a Health Savings Account.		
C. Rollover / Transfer Fund Instructions		
I am rolling/transferring from (select one):		I am rolling/transferring this amount:
<input type="checkbox"/> Another HSA <input type="checkbox"/> An Archer MSA <input type="checkbox"/> Inactive SEP IRA		<input type="checkbox"/> Full Amount \$
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA		<input type="checkbox"/> Partial Amount \$
D. Rollover / Transfer Please select one of the following options:		
Rollover:		
<input type="checkbox"/> I have received funds from my HSA/Archer MSA from another trustee/custodian. I am requesting a rollover of funds and have enclosed either 1) personal check or money order payable to Wells Fargo Health Benefit Services or 2) a check from my former trustee/custodian payable to me. (Please endorse.)		
Transfer:		
<input type="checkbox"/> I am requesting a transfer of funds and have enclosed a check from my former trustee/custodian payable to Wells Fargo Health Benefit Services.		
<input type="checkbox"/> I would like Wells Fargo to request funds from my Trustee/Custodian (complete Section E) on my behalf.		
E. HSA / Archer MSA / IRA Trustee / Custodian Information		
Trustee/Custodian Name		Date Requested (MM/DD/YYYY)
Address of the Trustee/Custodian		
City	State	Zip
P.O. Box (if applicable)	Phone	Account Number
I understand and accept the potential tax consequences that could result if the rollover/transfer does not meet the requirements under the Internal Revenue Code and the accompanying Internal Revenue Service guidance. I acknowledge that Wells Fargo has provided a short summary of the applicable tax rules but has not described the rules in full. I further acknowledge that Wells Fargo does not provide tax advice, I should consult my tax advisor to discuss any tax questions I may have and any tax liabilities I may incur.		
Signature		Date (MM/DD/YYYY)
Office Use Only		
Custodian Signature _____		Date _____
Please include all applicable items in one envelope and mail to: Wells Fargo Health Benefit Services, P.O. Box 45600 Salt Lake City, UT 84145-0600 Questions? Please contact Wells Fargo HSA Customer Service at 1-866-884-7374		<i>STAMP HERE</i>