

Health Savings Account Services



Health Savings Account (HSA)

Transfer in from Other Trustee

Enter Your Health Savings Account Number (17-digit number found on your HSA statement - if available)

7 2 9 7 8 1 7

Instructions for Health Savings Account owner

As the Account Owner you are required to complete sections A, B, & C.

1. In the section above, enter your account number for the account you would like to move funds **into**.
2. Make sure to include your Phone Number in Section A. It may be necessary for your current Trustee/Custodian or UMB to contact you with follow-up questions.
3. In section B you must select only one of the three transfer types.
4. Make sure to include your Account Number in section C for the account you are moving funds **out of**. Your current Trustee/Custodian will be able to process your HSA funds transfer to UMB quicker if they have this critical piece of information.
5. After reading the entire form and reviewing each of the boxes to make sure all information is correct; sign and date the form in the space provided.
6. Mail this Trustee Transfer Form to your current Trustee/Custodian whom you are transferring from. Refer to Section C for their mailing address.

A. Individual HSA Owner

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS (NO POST OFFICE BOX)			PHONE (DAY)
PO BOX, APARTMENT OR LOT #	CITY		STATE ZIP

B. Type of Transfer

Select one:

- ☐ HSA to HSA (Tran Code XXXX) (I currently have an HSA with another Trustee or Custodian, and want all dollars in my HSA transferred to my HSA at UMB Bank, n.a. I understand that transfers to UMB must be in cash equivalents; UMB does not accept "in-kind" transfers of mutual funds and/or other securities. I understand I must liquidate my investments prior to sending in this form.)

Indicate amount to be transferred:

- ☐ Entire Account Balance and close my account
- ☐ Specific Dollar Amount \$ _____ and do not close my account

- ☐ Archer Medical Savings Account (MSA) to an HSA (Tran Code XXXX) (I currently have an MSA with another Trustee or Custodian and want all dollars including any investment funds in my MSA transferred to my HSA at UMB Bank, n.a.)
- ☐ IRA to HSA. (Tran Code XXXX) Amount of Requested Distribution: \$ _____. (I am allowed a once in a lifetime, qualified HSA funding distribution from an IRA into an HSA. I understand (a) the maximum amount to be excluded from my gross income by reason of the transfer is the maximum deductible contribution I am allowed to make to the HSA based on the type of coverage (individual or family) that I have; (b) I must continue to be covered by a high deductible health plan (HDHP) and remain eligible to hold an HSA for 12 months after the transfer from my IRA; and (c) the transfer from my IRA must be a direct trustee-to-trustee transfer. If I do not continue to be eligible to hold an HSA for 12 months after the transfer, the funds transferred will be treated as taxable income and may be subject to a 10 percent additional tax. I understand only transfers from Traditional or Roth IRAs qualify for this tax treatment.)

C. Current Trustee or Custodian - Send completed form to address in this section

INSTITUTION NAME		HSA/IRA ACCOUNT #	
STREET ADDRESS		PHONE	
ADDRESS LINE 2	CITY	STATE	ZIP

continued on next page

Health Savings Account (HSA)

Transfer to UMB from Other Trustee

UMB Bank, n.a. has agreed to serve as Custodian of a Health Savings Account (within the meaning of IRC Section 223) for the individual HSA Owner identified above, and is willing to accept HSA, MSA or IRA dollars that the current trustee or custodian holds in accordance with the following instructions.

The Account Owner, by his or her signature below, hereby directs the current trustee or custodian to close the HSA or MSA presently maintained with the current trustee or custodian, or, in the case of a transfer from an IRA, to transfer the amount of the requested distribution set forth above from the IRA account presently maintained with such trustee or custodian, and to transfer the dollars, after deduction of any necessary fees and expenses, to UMB Bank, n.a. at the address set forth below. Transfers to UMB must be in cash equivalents; UMB does not accept "in-kind" transfers of mutual funds and/or other securities.

When HSA, MSA or IRA dollars constituting a qualified HSA funding distribution are transferred directly from one trustee or custodian to another qualified trustee or custodian, the transfer is without federal income tax consequences to the Account Owner. If instead of making a transfer directly to a new custodian, the Account Owner receives a distribution from an HSA or MSA by the current trustee, the Account Owner may make a tax-free rollover contribution of all or part of the assets received to his or her HSA at UMB Bank, n.a., provided that the rollover is completed within 60 days of the date the Account Owner receives the distribution. Federal law allows only one rollover during any 12-month period.

I certify that the information contained on this form is true and correct. I direct the current custodian/trustee identified above to transfer all my HSA/Archer MSA assets, or in the case of an IRA transfer, the amount requested above, to UMB Bank, n.a. asset forth in this form. I understand that I am responsible for the tax consequences of this action and I will not seek to hold the current trustee or custodian or UMB Bank, n.a. responsible for such tax consequences. I indemnify and agree to hold the current custodian/trustee harmless against any liabilities for following these instructions. UMB Bank, n.a. shall accept the transferred funds as a transfer to the HSA of the Account Owner.

ACCOUNT OWNER

Signature

X

Date

Instructions for HSA Account Owner

Send form to your current trustee or custodian, as identified in Section C.

This section to be completed by current HSA trustee or custodian.

Instructions for Transferring Institution to submit this form for processing

Make check payable to: UMB Bank, n.a. as HSA Custodian for

Legal name of account owner

In memo section of check include last 4 of SSN.

Mail this form with check to: **Rocky Mountain Reserve**
PO BOX 875050
KANSAS CITY, MO 64187-5050