

To request an HSA transfer or rollover, complete this request form and submit it to:
My Smart Saver HSA
Attn: Health Savings Accounts Department
409 Silverside Road, Suite 105
Wilmington, DE 19809

PART I: Account Holder Information - Please Print

Customer Name:	Social Security Number:	Date of Birth: / /	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:		

PART II: Request Type

<input type="checkbox"/> Trustee to Trustee Transfer:	I currently have a Health Savings Account with another Trustee or Custodian and want to transfer the funds directly to my HSA at the The Bancorp Bank HSA. (Proceed to Part III.)
<input type="checkbox"/> Direct MSA to HSA Rollover:	I currently have an MSA with another trustee and would like to directly transfer the funds to my HSA at the The Bancorp Bank HSA. (Proceed to Part III.)
<input type="checkbox"/> MSA Rollover:	I have been issued a check in the amount of \$_____ and closed my MSA account. I would like to rollover the funds to my HSA at the The Bancorp Bank HSA. (Proceed to Part IV - please attach a check payable to "The Bancorp Bank HSA" when submitting this form.)
<input type="checkbox"/> HSA Rollover:	I have been issued a check in the amount of \$_____ and closed my HSA account. I would like to rollover the funds to my HSA at the The Bancorp Bank HSA. (Proceed to Part IV - please attach a check payable to "The Bancorp Bank HSA" when submitting this form.)

PART III: Transfer Information and Signature

Institution Name:	Phone: / /
Address:	City: State: Zip:
Current MSA/HSA Account Number:	

Transfer Instructions

Directly transfer: _____ **ALL** or _____ **PART** of my account in the following manner. If partial transfer list amount \$_____ .
This transfer _____ **WILL** _____ **WILL NOT** close my account.

Sign Here for Trustee to Trustee Transfer

I authorize the transfer of the HSA 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.

Account Holder - Signature Required:	Date: / /
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PART IV: Rollover Information and Signature

Rollover Qualification Questions (For an eligible rollover, all questions must be answered NO)

Funds from an IRA or a SIMPLE IRA may be rolled over to an HSA but please complete the IRA to HSA rollover form for proper reporting.

1. Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank? Yes <input type="checkbox"/> No
2. Did you receive any other distributions from the distributing MSA/HSA during the preceding 12 months, which you also rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sign Here for Rollover

I have read and understand the rollover rules and conditions on this form and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property to an HSA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this rollover transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I hereby irrevocably designate this contribution and/or property as a rollover contribution.

Account Holder - Signature Required:

Date:

/ /

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 an 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.

My Smart Saver HSA
409 Silverside Road, Suite 105
Wilmington, DE 19809

Authorized Signature of New Custodian:

Date:

/ /