



## Health Savings Account Transfer Request Form

Use this form to request your previous trustee/custodian to transfer all or a portion of assets from another HSA, Archer MSA, or IRA into your **EBS** HSA. **Complete each section and send the completed form to your previous trustee or custodian for processing.** Transfers may take 3 to 6 weeks depending on your previous trustee/custodian's processing time.

If you have any questions about HSAs or completing this form, please contact Consumer Services at 800-373-1327.

### Transfer Process:

1. Complete all sections of this form
2. Email, mail or fax completed form to:  
**Email:** [mybenefits@ebs-tpa.com](mailto:mybenefits@ebs-tpa.com)  
**Address:** EBS, 214 North Main Street, Burlington, IA 52601  
**Fax:** 888-511-3743

### \*Required Fields

Part I Consumer Information			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City	*State	*Zip	
Email Address			

Part II Transferring Trustee/Custodian		
*Transferring Trustee/Custodian Name	*Contact Name	
*Address		
*City	*State	*Zip
*Account Number or Identification		
Indicate the account type the monies will be coming from. <input type="checkbox"/> HSA <input type="checkbox"/> Archer MSA <input type="checkbox"/> IRA		

Part III Transfer Instructions	
This request is for a custodian-to-custodian transfer. The HSA balance currently held by another custodian is to be directly transferred to an HSA at <b>EBS</b> .	
<b>Total Amount to Transfer:</b>	
<input type="checkbox"/> Full Amount (Close my Account - A closure fee of up to \$25 may apply) <input type="checkbox"/> Specific Amount _____	
Make check payable to <b>EBS</b> and mail to: <b>EBS</b> , 214 North Main Street, Burlington, IA 52601	

## Important Transfer Information

### *Eligibility for HSA Transfer*

You may only transfer funds into a **EBS** HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the consumer of the transferring HSA, Archer MSA or IRA. If you are the surviving spouse of a deceased consumer, or the former spouse of the consumer who is receiving an interest in the HSA, Archer MSA or IRA pursuant to a divorce or separation agreement, then contact **EBS** for additional instructions.

### *One-Time Transfer from a Roth or Traditional IRA to an HSA*

IRA transfers count toward and are limited to your maximum HSA contribution for the year. The amount of your IRA transfer is not allowed as a deduction. Your funds will be returned in the event that the deposit amount, when added to your total cumulative year-to-date contribution, exceeds the maximum annual contribution threshold as determined by the IRS. Generally, only one transfer may be made during the lifetime of an individual. Penalties may apply if High Deductible Health Plan (HDHP) coverage does not continue for 12 months. This transfer option does not apply to SEP or SIMPLE IRAs.

### *Excess Contributions*

You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to a **EBS** HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify **EBS** and request a withdrawal of the excess contribution together with any net income attributable thereto.

### *Investments*

Your HSA will be invested as provided under your HSA arrangement with **EBS**.

### *Additional Information about HSAs*

See IRS Publication 969 Health Savings Accounts and other Tax Favored Health Plans, for additional information about HSAs. This publication is available free from the Internal Revenue Service and is available through the IRS Web site: [www.irs.gov](http://www.irs.gov).

### *Direct Rollover*

If you have already received a distribution from your HSA or IRA, you may be eligible to make a rollover into your **EBS** HSA (instead of a transfer). Rollovers can be deposited into your **EBS** HSA via the HSA Contribution Form.

## Acknowledgement

I hereby acknowledge that, due to the important tax consequences relating to transferring or rolling over funds to an HSA, I am hereby advised to seek the advice of a tax professional before signing this form. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer, and I agree that **EBS** shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by the transferring trustee or custodian and **EBS**.

State tax laws may vary, and I agree that **EBS** makes no representation as to the tax effect of this transfer under state law.

I also acknowledge that my decision to transfer/rollover funds to my **EBS** HSA is completely voluntary.

## Signature

I acknowledge that I have established an HSA with **EBS**, and I have read and understand the Instructions, Important Information and Acknowledgement provisions that are included in this HSA Transfer Request Form. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

\*Consumer Signature

\*Date

## IMPORTANT INFORMATION

This Health Savings Account (HSA) is a custody account with WEX Inc. serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement.