

**Health Savings Account  
IRA to HSA Transfer Form**

**ELIGIBILITY REQUIREMENTS:**

**Rules and Conditions for transferring an IRA to an HSA:**

1. IRA/HSA transfers must be a direct trustee/custodian to trustee/custodian transfer. (IRA rollovers are not allowed.)
2. You are typically allowed a one-time transfer from an IRA to an HSA. If you change from self-only to family coverage during the same tax year, however, a second distribution may be made, up to the maximum contribution limit for the family HDHP as determined in IRS Notice 2008-51.
3. The IRA to HSA transfer will be combined with all other HSA contributions for the year. The aggregate contributions cannot exceed the participant's maximum HSA contribution for the year. The amount transferred from the IRA is not allowed as a deduction.
4. The amount of the IRA transfer will not be included in income or subject to the early withdrawal additional tax.
5. If you elect the transfer and do not remain eligible to contribute to your HSA until the last day of the 12<sup>th</sup> month following the month of the transfer ("the testing period"), the transferred amount will be included in income and subject to a 10% additional tax.
6. Funds from an IRA transfer must be received and deposited to the HSA no later than December 31<sup>st</sup> of the calendar year in which the funds are transferred from the IRA. IRA transfers will be credited to the HSA as a **current year contribution** and reported on Form 5498-SA.
7. Transfers can be made from a Traditional IRA or Roth IRA, as defined in IRC Sec.408(a) and Notice 2008-51.
8. You may only transfer your IRA funds to your HSA: a spouse's IRA may not be transferred.

**PARTICIPANT INFORMATION:**

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Initial) (Last)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

e-Mail Address (optional): \_\_\_\_\_

**TRANSFER INSTRUCTIONS FOR IRA TRUSTEE/CUSTODIAN:**

**Amount of Transfer** \$ \_\_\_\_\_ **Type of Transfer:**  Partial  Full  
(Transfer amount cannot exceed annual HSA contribution maximum.)

**CURRENT IRA TRUSTEE/CUSTODIAN INFORMATION:**

IRA Account Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Health Savings Account  
IRA to HSA Transfer Form**

**ACCOUNT HOLDER SIGNATURE:**

Before signing below, please consult your tax advisor to discuss the tax consequences that could result if the transfer is deemed ineligible or you become ineligible in the testing period.

I authorize the transfer of the IRA assets in the manner described above, and certify that all information provided by me is true and accurate, and may be relied upon by the Trustee or Custodian. I certify that I am the proper party to request distribution from this IRA. All decisions regarding this request are my own. I expressly agree to jointly and severally indemnify and hold harmless the Custodian or Trustee, whichever is applicable, their affiliated companies, subsidiaries, assigns, employees and agents from and against any claim, liability, expense, tax ramification, or loss in any way arising out of or in any way connected with this distribution.

By signing below I certify that I have satisfied the rules and conditions applicable for this IRA to HSA transfer.

\_\_\_\_\_  
IRA Account Holder

\_\_\_\_\_  
Date

**Medallion Signature Guarantee Stamp Requirement:** If funds being transferred are currently invested in any form of security, the IRA account holder's signature must be guaranteed with a Medallion Signature Guarantee Stamp. Without this stamp the current Trustee/Custodian may reject this transfer request. Medallion Signature Guarantees may be obtained at most financial institutions/brokerage firms when the request is made in person by the IRA account owner and a copy of the most recent IRA statement is presented.

Please allow 4-6 weeks for completion of transfer. Actual time required to complete transfer is dependent upon current IRA Trustee/Custodian processing times.

**ACCEPTING HEALTH SAVINGS ACCOUNT CUSTODIAN:**

American Chartered Bank serves as Custodian for the HSA account of the above-named individual, and agrees to accept the assets being transferred.

\_\_\_\_\_  
American Chartered Bank Authorized Signer

\_\_\_\_\_  
Date

**Please direct all correspondence to:** American Chartered Bank  
HSA Processing  
PO Box 5994  
Carol Stream, IL 60197-5994  
Phone (847) 407-2603 Fax (847) 407-2633