

HSA Transfer Request Form



To request an HSA Transfer or Rollover, please complete this Form and Submit it to:

DataPath Financial Services
c/o Farmers & Merchants State Bank.
P.O. Box 55068
Little Rock, AR 72215
Fax: 501-687-1409

PART I - ACCOUNT HOLDER INFORMATION (PLEASE PRINT)

Name:	SSN:	
Address:		
City:	State:	Zip:
Account Number:		
Work Phone:	Home Phone:	
Email:		
Mother's Maiden Name (Security purposes only):		Date of Birth:

PART II - TYPE OF REQUEST

Trustee to Trustee Transfer:	I currently have a Health Savings Account or MSA with another Trustee or Custodian and want to transfer the funds directly to Farmers & Merchants State Bank. (Proceed to Part III)
HSA Rollover:	I have been issued a check in the amount of \$ _____ and closed my HSA or MSA. I would like to rollover the funds to establish an HSA with Farmers & Merchants State Bank. 1. I want to send my roll over monies via: <input type="checkbox"/> Check – mail check to: DataPath Financial Services, P.O. BOX 55068, Little Rock, AR, 72215 <input type="checkbox"/> EFT Draft from my personal bank account at this financial institution: Bank Name: _____ Route Number: _____ Account Number: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Answer the Rollover Qualification Questions below and then proceed to Part IV.)
Rollover Qualification Questions	(For an eligible rollover, all questions must be answered "NO") Funds from an IRA or SIMPLE IRA may not be rolled over to an HSA. 2. Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. 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

PART III.A – TRANSFER INFORMATION

(Skip this section if you are completing an HSA rollover and have included a check for the rollover or requested we draft your personal account.)

This request is for a Trustee-to-Trustee transfer. The monies currently in a Health Savings Account (HSA) with another Trustee or Custodian are to be directly transferred to Farmers & Merchants State Bank.

CURRENT MSA/HSA TRUSTEE/CUSTODIAN INFORMATION:

Institution Name:	
Phone:	
Address:	
City, State, Zip:	
Current MSA/HSA Account Number:	
Current Custodian Contact Name and Phone:	

TRANSFER INSTRUCTIONS

I _____, authorize _____ (current custodian) to
Directly transfer: ____ **All** or ____ **Part** of my account in the following manner. If partial transfer list Amount \$ _____.

- Make a check payable to the Bank as Custodian for the above account and mail to:
DataPath Financial Services
C/o Farmers & Merchants State Bank
P.O. Box 55068
Little Rock, AR 72215
- Previous Custodian Transfer funds to New Custodian via ACH to an account provided by DataPath Financial Services. Please call 888-665-1264 to receive the account information.
Amount to transfer \$ _____

This transfer ____ **Will** ____ **Will Not** close my account.

PART IV – ACCOUNT HOLDER SIGNATURE

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:

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 a 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.

Farmers & Merchants State Bank
P.O. Box 55068
Little Rock, AR 72215

Authorized Signature of New Custodian

Date