

Health Savings Account (HSA) Rollover or Transfer Request Form

Use this form to authorize the rollover or transfer of assets currently held by another Custodian/Trustee (Administrator) to your OptumHealth Bank Health Savings Account (HSA). Fax your completed form to 1-866-314-9795 or mail to OptumHealth Bank, P.O. Box 271629, Salt Lake City, Utah 84127-1629. If you have questions, please refer to the phone number on the bank of your HSA Card. Our customer care professionals are available to assist you from 8:00 a.m. to 7:00 p.m. Eastern time.

1 **INFORMATION ABOUT YOUR ACCOUNTS** The name of the HSA being transferred must match the name on the OptumHealth Bank HSA. If you do not yet have an HSA with OptumHealth Bank, establish a new account online at OptumHealthBank.com, or include the HSA Application with this request. To transfer funds into your OptumHealth Bank HSA from a standard checking account, please contact customer service or download a Transfer of Funds Authorization form online.

Your OptumHealth Bank Account

Account Being Transferred

OptumHealth Bank Account Number (if available)

Social Security Number

Account Holder Name

Name of Administrator Holding your HSA

Account Holder Address

Account Holder Name

City, State ZIP

Phone Number of Administrator

Daytime Phone Number

Address of Administrator

Account Number at Administrator

2 **YOUR ROLLOVER OR TRANSFER TO OPTUMHEALTH BANK** (Please select only 1 option from below)

Option 1 – Transfer and Close Current HSA (Trustee to Trustee Transfer via Paper Check)

- Transfer all assets in my current HSA to my OptumHealth Bank HSA and close my account at the current Administrator (closing fees are current Administrator may apply). To ensure a smooth transition of HSA funds from your current Administrator, you may need to liquidate HSA assets held in the investment portion of your account prior to submitting this form.

Option 2 – Rollover via Paper Check

- I have received funds from my HSA at another Administrator and have included a check. I would like to rollover the fund to my OptumHealth Bank HSA.

The IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed, and how the bank must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option you are certifying to the bank 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. **Timeline:** The funds you receive from the distribution of an HSA must be deposited into another 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 exceptions. Receipt generally refers to the day you actually have the funds in your possession. **Twelve Month Restriction:** You are entitled to one distribution per year per HSA which may be rolled over. Twelve months must pass after receipt of one distribution that you have rolled over before you take another distribution from the same HSA.

3 **OWNER AUTHORIZATION AND AGREEMENT OF TERMS** Include a copy of your most recent statement for the account being transferred to OptumHealth Bank with this form.

I have read and understand the rules and conditions of this form and I have met the requirements for making a transaction. Due to the important tax consequences when moving funds in 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 OptumHealth Bank. I assume full responsibility for this transaction and will not hold OptumHealth Bank liable for any adverse consequences that may result.

To current Administrator: Transfer all assets in my account to the OptumHealth Bank HSA established in my name. I understand that you will contact me with respect to the disposition of any other assets in my account that are not transferable. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation.

**FOR CURRENT ADMINISTRATOR
ONLY, please send check & form to:**

OptumHealth Bank, Member FDIC
P.O. Box 271629
Salt Lake City, UT 84127-1629

X _____
Signature of Account Holder

Date