

# IRA to HSA Transfer

**IMPORTANT INFORMATION:** A one time tax free trustee-to-trustee transfer of IRA funds to an HSA is permitted to the extent the transfer doesn't exceed your maximum allowable annual HSA contribution amount, including catch-up allowances. Any money transferred from your IRA counts towards your maximum HSA contribution for the tax year. You must maintain your High Deductible Health Plan for the month in which you make the transfer AND the 12 following months or you will be subject to taxes and a penalty.

Instructions: If you are establishing a new account, you must also fill out a Health Savings Administrators HSA enrollment form. Use this form when you are transferring money from an Individual Retirement Account (IRA). Upon receipt of your IRA transfer check, we will open your account and invest the funds as directed.

## 1. NAME

**AND  
ADDRESS**

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	
Social Security Number	Telephone No. (Include area code)	
_____		
Number and Street		
_____		
_____	_____	_____
City	State	Zip Code

## 2. INSTRUCTIONS

**TO IRA  
CUSTODIAN**

IRA Custodian \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

My social security number is \_\_\_\_\_. My account number is \_\_\_\_\_.  
I have established an HSA with Health Savings Administrators. Please liquidate and transfer \$\_\_\_\_\_ of my account balance. Please make the check payable to Fulton Bank, Custodian.

**3. SIGNATURE** To Current Custodian: Please consider this your authority to transfer the assets from the account listed in Section 2 to my Health Savings Administrators account. Please prepare a check to Fulton Bank, Custodian.

I certify that I have received and read the prospectus for the Fund into which I am transferring my MSA/HSA. Thank you for your prompt handling.

_____	_____
Your Signature	Date
_____	_____
Witness	Date

## 4. ACCEPTANCE (This portion to be completed by Fulton Bank)

Please send the check payable to Fulton Bank, representing the liquidation of the investment indicated above, along with a copy of this form to identify the check as a transfer of assets to:

**Health Savings Administrators  
10800 Midlothian Turnpike, Suite 240  
Richmond, VA 23235**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date