

Health Savings Account (HSA) Rollover/Transfer Form

IMPORTANT! Before requesting a rollover or transfer, ensure you have moved all funds from your investment account to your main HSA.

General Information

Name:*	Social Security Number:*
Address: (street, city, state, zip)	
Date of Birth: (MM/DD/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Daytime Phone Number: (with area code)	Email Address:

Direct HSA Transfer/Medical Savings Account (MSA) Rollover Instructions

Complete this section to transfer your HSA funds directly to American Fidelity from your current trustee/custodian or to rollover your MSA.

Please check one of the following: <input type="checkbox"/> Transfer (custodian to custodian) <input type="checkbox"/> Rollover		
Current Trustee or Custodian:*	Phone Number:*(with area code)	
Address:*(street, city, state, zip)		
Fax Number:*(with area code)	Customer Number:	
Transfer assets in my existing account:*(please check one) <input type="checkbox"/> All <input type="checkbox"/> Part	If partial, indicate the amount to be transferred: \$ _____	Will this transfer close your HSA account? (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Please make check payable to American Fidelity and mail to the address shown above.		

HSA Rollover Instructions

Complete this section if you received a distribution as a check made payable to you.*

1. Have more than 60 days passed since you received the distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>To be an eligible rollover, all answers must be answered no.</i>
2. Did you receive any other distribution in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have these assets been rolled over in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of rollover contribution: \$ _____
<p>*A rollover is a way to distribute money or property from one HSA or MSA and deposit such money or property into another HSA. The Internal Revenue Code limits how many rollovers may be taken, how quickly rollovers must be completed, and how the transaction must be reported. By properly completing this form, you are certifying to American Fidelity that you have satisfied the rules and conditions applicable to your rollover and are making an irrevocable election to treat the transaction as a rollover. These rules do not apply to a direct transfer from one HSA to another HSA.</p> <p>Timeliness - The funds you receive from the distributing HSA or MSA must be deposited into another HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.</p> <p>Twelve-Month Restriction - Twelve (12) months must pass after receipt of one distribution that you rolled over before you take another distribution from the same HSA.</p>	

Signature

I authorize the transfer/rollover to American Fidelity as described above. I certify that all the information I provided is accurate and can be relied upon by American Fidelity. I understand the rollover rules and confirm that this transaction meets the requirements for rollover contribution. I acknowledge that American Fidelity cannot provide legal advice, and I agree to consult with my tax professional for advice.			
American Fidelity agrees to accept these funds as a transfer.			
_____ Signature of Accountholder	_____ Date	_____ Signature of Custodian/Trust	_____ Date