

## Individual Retirement Account (IRA) to Health Savings Account (HSA) Transfer Form

Please get in touch with your current custodian to verify if a medallion signature is required. The custodian may have a small fee for this service.

### General Information

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

\*Required fields.

### Guidelines for Transferring an IRA to an HSA

1. IRA transfers must be direct trustee-to-trustee/custodian transfers.
2. You are allowed a one-time IRA to HSA transfer in a lifetime. However, if you change from self-only to family qualified high deductible health plan (HDHP) coverage in the same tax year, a second distribution may be made up to the maximum family HSA contribution limit for that tax year.
3. The total of your IRA to HSA transfer and other HSA contributions cannot exceed the maximum annual HSA contribution for the tax year. The IRA to HSA transfer amount is not allowed as a deduction on your tax return.
4. The IRA transfer is not considered income or subject to an early withdrawal penalty.
5. If you elect this transfer, you must remain eligible to contribute to an HSA during a "testing period" that begins with the month in which the IRA transfer occurs and ends on the last day of the 12th month following the month of the transfer. If you do not remain eligible to contribute to your HSA during this testing period, the transferred amount will be included as income and subject to an additional 10% tax.
6. Transfers can only be made from a Traditional IRA. You may only transfer your IRA funds to your HSA; a spouse's IRA may not be transferred.

### IRA Trustee/Custodian Information

Trustee/Custodian Name:*		Date Requested: (MM/DD/YYYY)*
Address: (street, city, state, zip)*		Phone Number: (with area code)
IRA Account Number	Transfer: (Please check one) <input type="checkbox"/> all or <input type="checkbox"/> part of the assets in my existing account	Transfer amount: \$ _____

Please make check payable to American Fidelity - HSA and mail to American Fidelity at the address shown above.

\*Required fields.

### Signature

I authorize the transfer to American Fidelity Assurance Company, as Custodian, as described above, and certify that all the information I provided is correct and may be relied upon by the Custodian and its authorized administrator, American Fidelity. I understand that potential tax consequences could result if the transfer is deemed ineligible or I become ineligible for an HSA during the testing period, as defined above in guideline 5. I acknowledge that the Trustee/Custodian cannot provide legal advice, and I agree to consult my own tax professional for advice. I understand that the transfer is subject to the annual contribution limit, and I accept any tax consequences that could result if the above transfer is not a qualified IRA rollover from my IRA. The Custodian/Trustee agrees to accept these funds as a transfer.			
_____ Signature of Account Holder	_____ Date	_____ Signature of Custodian/Trust	_____ Date