UMB | Healthcare Services

ROCKY MOUNTAIN reserve

R06.16

Health Savings Account (HSA) Transfer to UMB from Other Trustee

Enter Your UMB Health Savings Account Number (17-digit number found on your HSA statement – if available)

7	2	5	7	5	2	7										

Instructions for Health Savings Account owner

As the Account Owner you are required to complete sections A, B, & C.

1. Make sure to include your Phone Number in Section A. It may be necessary for your current Trustee/Custodian or UMB to contact you with follow-up questions.
2. In section B you must select only one of the three transfer types.
3. Make sure to include your Account Number in section C. Your current Trustee/Custodian will be able to process your HSA funds transfer to UMB quicker if they have this critical piece of information.
4. After reading the entire form and reviewing each of the boxes to make sure all information is correct; sign and date the form in the space provided.
5. **Mail this Trustee Transfer Form to *your current Trustee/Custodian*. Refer to Section C for their mailing address.**

A. Individual HSA Owner

First Name	MI	Last Name	Last 4 Characters of SSN	
Street Address (No Post Office Box)			Phone (Day)	
PO Box, Apartment or Lot #		City	State	ZIP

B. Type of Transfer

Select one:

☐ HSA to HSA (Trans 208) Amount of Requested Distribution: $ _____. (I currently have HSA funds with another Trustee or Custodian, and want all funds in my HSA, including any investment funds, transferred to my HSA at UMB Bank, n.a. I understand that transfers to UMB must be in cash equivalents; UMB does not accept "in-kind" transfers.)

☐ Archer Medical Savings Account (MSA) to an HSA (Trans 209) Amount of Requested Distribution: $ _____. (I currently have MSA funds with another Trustee or Custodian and want all funds including any investment funds in my MSA transferred to my HSA at UMB Bank, n.a.)

☐ IRA to HSA. (Trans 210) Amount of Requested Distribution: $ _____. (I am allowed a one-time, qualified HSA funding distribution from an IRA into an HSA. I understand (a) the maximum amount to be excluded from my gross income by reason of the transfer is the maximum deductible contribution I am allowed to make to the HSA based on the type of coverage (individual or family) that I have; (b) I must continue to be covered by a high deductible health plan (HDHP) and remain eligible to hold an HSA for 12 months after the transfer from my IRA; and (c) the transfer from my IRA must be a direct trustee-to-trustee transfer. If I do not continue to be eligible to hold an HSA for 12 months after the transfer, the funds transferred will be treated as taxable income and may be subject to a 10 percent additional tax. I understand only transfers from Traditional or Roth IRAs qualify for this tax treatment.)

C. Current Trustee or Custodian

Institution Name		HSA Account #	
Street Address		Phone	
Address Line 2	City	State	ZIP

UMB Bank, n.a. has agreed to serve as Custodian of a Health Savings Account (within the meaning of IRC Section 223) for the individual HSA Owner identified above, and is willing to accept HSA, MSA or IRA funds that the current trustee or custodian holds in accordance with the following instructions.

The Account Owner, by his or her signature below, hereby directs the current trustee or custodian to close the HSA or MSA presently maintained with the current trustee or custodian, or, in the case of a transfer from an IRA, to transfer the amount of the requested distribution set forth above from the IRA account presently maintained with such trustee or custodian, and to transfer the funds, after deduction of any necessary fees and expenses, to UMB Bank, n.a. at the address set forth below. Transfers to UMB must be in cash equivalents; UMB does not accept "in-kind" transfers.

When HSA, MSA or IRA funds constituting a qualified HSA funding distribution are transferred directly from one trustee or custodian to another qualified trustee or custodian, the transfer is without federal income tax consequences to the Account Owner. If instead of making a transfer directly to a new custodian, the Account Owner receives a distribution from an HSA or MSA by the current trustee, the Account Owner may make a tax-free rollover contribution of all or part of the assets received to his or her HSA at UMB Bank, n.a., provided that the rollover is completed within 60 days of the date the Account Owner receives the distribution. Federal law allows only one rollover during any 12-month period.

I certify that the information contained on this form is true and correct. I direct the current custodian/trustee identified above to transfer all my HSA/Archer MSA assets, or in the case of an IRA transfer, the amount requested above, to UMB Bank, n.a. asset forth in this form. I understand that I am responsible for the tax consequences of this action and I will not seek to hold the current trustee or custodian or UMB Bank, n.a. responsible for such tax consequences. I indemnify and agree to hold the current custodian/trustee harmless against any liabilities for following these instructions. UMB Bank, n.a. shall accept the transferred funds as a transfer to the HSA of the Account Owner.

Signature of Account Owner	**X**	**Date**

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Health Savings Account (HSA)
Transfer to UMB from Other Trustee

D. Account Owner Instructions

1. Enter Your UMB Health Savings Account Number
(17-digit number found on your HSA statement – if available)

7	2	5	7	5	2	7										

2. Mail this Trustee Transfer Form to your current Trustee Custodian.

E. Current Custodian Instructions

1. Make check payable to: UMB Bank, n.a. as HSA Custodian for _____
Legal name of account owner

2. Specify deposit amount: $ _____

3. In memo section of check include last 4 of SSN and 17 digit UMB HSA Account Number

4. Mail check and completed Trustee Form to:

UMB Bank Contributions
PO Box 874264
Kansas City, MO 64187-4264