

# Request for Transfer to a Health Savings Account (HSA)

SOLVAY BANK  
 1537 MILTON AVE  
 SOLVAY NY 13209  
 315-468-1661

## 1 HSA OWNER INFORMATION

NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
		DATE OF BIRTH	
DAYTIME PHONE NUMBER		E-MAIL (OPTIONAL)	

## 2 TYPE OF TRANSFER

Select One:

HSA to HSA       Archer Medical Savings Account (MSA) to an HSA

## 3 TRANSFEROR CUSTODIAN/TRUSTEE REQUEST

My HSA/Archer MSA custodian/trustee (transferor), \_\_\_\_\_, should transfer the assets identified in the Transfer Instructions section.

TRANSFEROR ADDRESS	TRANSFEROR PHONE NUMBER
	TRANSFEROR HSA/ARCHER MSA ACCOUNT NUMBER

## 4 TRANSFER INSTRUCTIONS (See Additional Information included with this form.)


Complete my transfer as directed. **Note:** Penalties and market fluctuation may affect the distribution amount.

<b>A. Payment Amount</b> (select one): <input type="checkbox"/> My entire HSA/Archer MSA balance. <input type="checkbox"/> A portion of my HSA/Archer MSA balance. \$ _____		<b>B. Payment Schedule and Investments</b> (select one): <input type="checkbox"/> Immediately liquidate all investments and send cash proceeds. <input type="checkbox"/> Send all investments in kind. <input type="checkbox"/> Liquidate the investments as identified below:	
<u>Account Number or Investment</u>	<u>Dollar Amount or Number of Shares</u>	<u>Transaction Date</u>	<u>Send:</u>
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
<input type="checkbox"/> Other _____			
<b>C. Delivery Instructions</b> (1) Transferee HSA Account Number _____ (2) Make check payable to or certificate registration in the name of <u>SOLVAY BANK</u> as <input checked="" type="checkbox"/> custodian / <input type="checkbox"/> trustee for the HSA of _____			

## 5 SIGNATURES

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my HSA/Archer MSA assets as set forth in this form. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. The transferee custodian/trustee agrees to accept these funds as a transfer.

 \_\_\_\_\_  
 Signature of HSA/Archer MSA Owner      Date

 \_\_\_\_\_  
 Signature of Transferee Custodian/Trustee      Date

## ADDITIONAL INFORMATION

**Purpose.** The Request for Transfer to a Health Savings Account (HSA) form is designed to assist you in the non-reportable movement of assets from one HSA to another HSA or from an Archer Medical Savings Account (MSA) to an HSA.

**Additional Documents.** A transfer can avoid income and penalty taxes but, to be successful, additional contribution and distribution documentation may be required by your HSA's/Archer MSA's custodian/trustee.

**For Additional Guidance.** It is in your best interest to seek the guidance of your tax or legal professional before completing this document. Your first reference should be the HSA agreement and disclosure statement you received upon establishing your HSA or amendments provided by your custodian/trustee. For more information refer to Internal Revenue Code (IRC) Section 223 and all additional Internal Revenue Service (IRS) guidance, IRS publications that include information about HSAs, your local IRS office, or the IRS's web site at [www.irs.gov](http://www.irs.gov).

**Terms.** A general understanding of the following terms may be helpful in completing your transactions.

**In Kind.** If an HSA/Archer MSA contains stocks, bonds, mutual fund shares, or other types of property, it may be possible to move such property to an HSA without liquidation. This type of "in kind" transfer would require that the property be reregistered in the name of the transferee HSA custodian/trustee for the benefit of your HSA. The transferee's policies, charters, or applicable law may prevent the transfer of property. Time deposits and savings accounts are not transferable.

**Archer Medical Savings Account (MSA).** An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.