

## Health Savings Account (HSA) Transfer Request Form

Complete this form if you are intending to transfer funds to a Discovery Benefits HSA. Submit the completed form to the HSA Trustee/Custodian/Administrator that currently holds your HSA funds. They will then initiate a direct transfer of your funds to your HSA with Discovery Benefits as the administrator and HealthCare Bank as the custodian. **Please note:** Discovery Benefits is unable to process this form and initiate the funds transfer. If you are attempting to close your Discovery Benefits HSA, please use the HSA Distribution Request/Account Closure Form.

\*=Required Fields

### Step 1: Account Information

<input type="text"/>		<input type="text"/>	
*Employer Name (Do not abbreviate)		*Accountholder Name (First, MI, Last)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Social Security Number		*Accountholder Telephone	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Accountholder Address		*City	*State      *Zip

### Step 2: Existing HSA/IRA Trustee or Custodian Information

<input type="text"/>		<input type="text"/>	
*Existing HSA/IRA Trustee or Custodian Name		*Existing HSA/IRA Account Number	
<input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Custodian Address		*City	*State      *Zip
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
*Custodian Telephone			

### Step 3: Former Spouse Information

This section should be completed in full if the former spouse is receiving the HSA through a divorce settlement. Please include a copy of the divorce decree.

<input type="text"/>			
HSA Account Name of Former Spouse (First, MI, Last)			
<input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Spouse Address		City	State      Zip
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security Number		Date of Birth (mm/dd/yyyy)      Spouse Telephone	

### Step 4a: Transfer Instructions

This section must be completed in full. Please provide the name of the HSA Accountholder/Beneficiary that will receive the funds from the transfer.

Directly transfer <input type="checkbox"/> or <input type="checkbox"/> of the HSA or IRA identified above.	The amount of the partial transfer is: \$ <input type="text"/>
all                      part	
Please make checks payable to: <input type="text" value="HealthcareBank FBO"/>	<input type="text"/>
This transfer <input type="checkbox"/> <input type="checkbox"/> close the HSA/IRA.	HSA Accountholder/Beneficiary's Name
will                      will not	

Transfer check should be sent to Discovery Benefits, Inc. at PO Box 2926, Fargo, ND 58108-2926.

# Health Savings Account (HSA) Transfer Request Form, continued

## Step 4b: Asset Liquidation Instructions

Unless otherwise directed in writing below, I direct the current trustee or custodian of my transferring account to liquidate all assets immediately. I am aware of and acknowledge any applicable penalty for early withdrawal upon certificates of deposits or annuities (or other investment vehicle, as applicable) currently held in the account. If there are other specific liquidation instructions, include for each asset the description, quantity in HSA or IRA, quantity to be transferred and whether to liquidate immediately or at maturity. Specify other liquidation instructions as necessary.

## Step 5: Transfer Signature of HSA Accountholder or Former Spouse

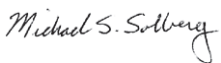
I hereby acknowledge that, due to the important tax consequences relating to transferring funds to an HSA, I have been advised to see a tax professional. State tax laws may vary, and I agree that Discovery Benefits and HealthcareBank makes no representation as to the tax effect of this transfer under state law. I also acknowledge that my decision to transfer funds to my Discovery Benefits/HealthcareBank HSA is completely voluntary. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer and I agree that Discovery Benefits and HealthcareBank shall in no way be responsible for those consequences. I authorize the transfer of the HSA assets in the manner described above and I certify all information provided by me is true and correct and may be relied upon by the transferring trustee or custodian, Discovery Benefits and HealthcareBank.

\*Transfer Signature of HSA Accountholder or Former Spouse

\*Date

## Step 6: Accepting HSA Custodian

HealthcareBank agrees to serve as the new Custodian for an account of the above-named individual, and as Custodian, we agree to accept the funds being transferred.



Authorized Signature of Accepting HSA Custodian

## Important HSA Transfer Information

<b>Eligibility for HSA Transfer</b>	You may only transfer funds into a Discovery Benefits/HealthcareBank HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the accountholder of the transferring HSA, Archer MSA or IRA, the surviving spouse of a deceased accountholder or the former spouse of the accountholder who is receiving an interest in the HSA, Archer MSA or IRA pursuant to a divorce or separation agreement.
<b>One-Time Transfer from a Roth or Traditional IRA to an HSA</b>	IRA transfers count toward and are limited to your maximum HSA contribution for the year. The amount of your IRA transfer is not allowed as a deduction. Your funds will be returned in the event that the deposit amount, when added to your total cumulative year-to-date contribution, exceeds the maximum annual contribution threshold as determined by the IRS. Generally, only one transfer may be made during the lifetime of an individual. Penalties may apply if High Deductible Health Plan (HDHP) coverage does not continue for 12 months. This transfer option does not apply to SEP or SIMPLE IRAs.
<b>Excess Contributions</b>	You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to a Discovery Benefits/HealthcareBank HSA. All transfer funds will be coded as a transfer contribution. If excess contributions are transferred to the Discovery Benefits HSA it is your responsibility to notify Discovery Benefits and request a withdrawal of the excess amount. There may be additional IRS tax penalties when excess contributions are transferred to the new HSA.
<b>Investments</b>	Your HSA will be invested as provided under your HSA arrangement with Discovery Benefits/HealthcareBank.
<b>Additional Information about HSAs</b>	See IRS Publication 969 Health Savings Accounts and other Tax Favored Health Plans for additional information about HSAs. This publication is available free from the Internal Revenue Service website: <a href="http://www.irs.gov">www.irs.gov</a> .