

Health Savings Account (HSA)

Transfer to UMB from Other Trustee

Instructions for Health Savings Account owner

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

- 1. Ensure you have opened an HSA at UMB to allow your HSA dollars to be transferred to your new account without delay.
- 2. 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.
- 3. In section B you must select only one of the three transfer types.
- 4. Make sure to include your Account Number in section C. Your current Trustee/Custodian will be able to process your HSA transfer to UMB quicker if they have this critical piece of information.
- 5. 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. If you have questions about completing this form, please contact UMB Healthcare Services at 1-866-520-4472.
- 6. Mail this Trustee Transfer Form to your current Trustee/Custodian. Refer to Section C for their mailing address.

9 8 New UMB Health Savings Account Number (10-digit number found on your HSA statement)						
A. Individual HSA Owner						
First Name	MI Last Name		Full Social Security			
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 (I currently have an HSA with another Trustee or Custodian, and want dollars 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 of mutual funds and/or other securities.) Indicate amount to be transferred: Entire Account Balance and close my account Specific Dollar Amount \$						
C. Current Trustee or Custodian - Send completed form to address below						
Institution Name				HSA/IRA Account #		
Street Address				Phone		
Address Line 2			City	State	ZIP	

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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 dollars 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 dollars, 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 of mutual funds and/or other securities.

When HSA, MSA or IRA dollars 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 dollars as a transfer to the HSA of the Account Owner.

Signature of Account Owner

X

Date

Instructions for Transferring Institution to submit this form for processing

Make check payable to: UMB Bank, n.a. as HSA Custodian for

Legal name of account owner

In memo section of check include last 4 of SSN.

Mail this form with check to: UMB Bank, n.a.

Attn: HSA Department

P.O. Box 419226

Kansas City, MO 64141