

HSA ROLLOVER/TRANSFER FORM

A. General Information			
Name*		SSN*	
Address		DOB (mm/dd/yyyy)	
City, State, Zip		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Day Phone		Email address	

B. Instructions to Current Trustee/Custodian on Direct Transfer/Rollover complete this section if you wish your current Trustee/ Custodian to directly transfer your HSA funds to American Fidelity Assurance Company.			
Please check one of the following*: <input type="checkbox"/> Transfer (custodian to custodian) <input type="checkbox"/> Rollover (MSA to HSA)			
Present Trustee or Custodian		Telephone #	
Address		Fax #	
City, State, Zip		Account #	
Transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the assets in my existing account (please check one).	If partial, indicate the amount to be transferred: \$ _____	This transfer <input type="checkbox"/> will / <input type="checkbox"/> will not close my HSA account (please check one).	
Please make check payable to American Fidelity - HSA and mail to the address shown above or fax to the number shown above.			

C. Instructions on HSA Rollover (complete this section if you have received the distribution in the form of a check made payable to you).*				
1.	Has more than 60 days elapsed since you received the distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	To be an eligible rollover, all answers must be answered no.
2.	Did you receive any other distribution in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount of rollover contribution: \$ _____
3.	Have these assets been rolled over in the past 12 months.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>* A rollover is a way to distribute money or property from one HSA or MSA and deposit such money or property in another HSA. The Internal Revenue Code limits how many rollovers may be taken, how quickly rollovers must be completed, and how the transaction must be reported. By properly completing this form you are certifying to American Fidelity Health Services Administration (AFHSA) that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. These rules do not apply to a direct transfer from one HSA to another HSA.</p> <p>Timeliness - The funds you receive from the distributing HSA or MSA must be deposited into another HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.</p> <p>Twelve Month Restriction - You are entitled to one distribution per year per HSA which may be rolled over. Twelve (12) months must pass after receipt of one distribution which you rolled over before you take another distribution from the same HSA.</p>				

D. Signature			
I authorize the transfer/rollover to American Fidelity Health Services Administration (AFHSA), as described above and certify that all of the information provided by me is correct and may be relied upon by AFHSA. I understand the rollover rules and this transaction meets requirements for rollover contribution. I acknowledge that the AFHSA cannot provide legal advice and I agree to consult with my own tax professional for advice.			
American Fidelity Health Services Administration agrees to accept these funds as a transfer.			
_____ Signature of Account Holder	_____ Date	_____ Signature of Custodian/Trust	_____ Date