



# FIFTH THIRD BANK

## HSA Transfer Request Form

*(Transfer funds to Fifth Third Bank)*

### Instructions:

1. Use this form to initiate a direct transfer of funds from your current HSA/IRA with another trustee or custodian to an HSA with **Fifth Third Bank**.
2. Ensure that your Fifth Third Bank HSA Account is fully open. Your account number can be located in the drop down by your name on the home screen after signing into your account.
3. Complete this form and send to **your current bank or HSA custodian** where the funds are being held.
4. Keep a copy of the form for your records.
5. If you have questions regarding the status of a requested transfer, please contact **your current HSA/IRA trustee or custodian**. If you have any questions regarding the completion of this form, please contact the **Fifth Third Bank HSA Support Center at 1-888-350-5353**.

ACCOUNT HOLDER INFORMATION		
Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	5/3 HSA Account Number:
Telephone Number:	Email Address:	
Street Address: <i>(cannot be a PO Box)</i>		
City:	State:	Zip Code:

<input type="checkbox"/>	<b>HSA to HSA Transfer (9)</b>	I have an HSA with another institution and want to transfer the funds <b>directly to my Fifth Third Bank HSA</b> . <i>(Please complete the Current Trustee or Custodian Information section and the "Sign here for Transfers" section.)</i>
<input type="checkbox"/>	<b>MSA to HSA Transfer (10)</b>	I have an Archer MSA with another institution and want to transfer the funds <b>directly to my Fifth Third Bank HSA</b> . <i>(Please complete the Current Trustee or Custodian Information section and the "Sign here for Transfers" section.)</i>
<input type="checkbox"/>	<b>IRA to HSA Transfer (11)</b>	I have an IRA with another institution and want to conduct a one-time <b>direct transfer to my Fifth Third Bank HSA</b> . Note: An IRA-to-HSA contribution is limited to your HSA annual contribution limit and does reduce the amount that can be contributed to an HSA during the year. <i>(Please complete the Current Trustee or Custodian Information section and the "Sign here for Transfers" section.)</i>
<input type="checkbox"/>	<b>HSA Rollover (4)</b>	<b>I have been issued a check</b> and closed my HSA or MSA, and I would like to roll over the funds to my HSA at Fifth Third Bank. <i>(Please complete the Rollover Qualification Questions below and the "Sign here for HSA Rollovers" section.)</i>



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## HSA Rollover Qualification Questions: *(all answers must be No for an eligible rollover.)*

1. **Timeliness:**

Have more than 60 days elapsed since you received the distribution from the distributing HSA or MSA?

Yes  No

a. **Twelve-month Restriction:**

Did you receive any other distributions from the distributing HSA during the preceding 12 months, which you also rolled over?

Yes  No

b. Have the assets involved in this transaction been previously rolled over from one HSA to another within the past 12 months?

Yes  No

### CURRENT TRUSTEE OR CUSTODIAN INFORMATION

Institution Name:	Routing Number:	Account Number:
Street Address:		
City:	State:	Zip Code:
Telephone Number:		

### Transfer / Rollover:

- All of the funds in the HSA, IRA or MSA account specified above.
- Part

**Amount to Transfer (if not All):** \$ \_\_\_\_\_

Please make check payable to **Fifth Third Bank fbo [customer name referenced above]** and mail along with a copy of this form to:

Fifth Third Bank  
 Attn: HSA Operations Department  
 P.O. Box 638323  
 Cincinnati, OH 45263-638323

***Fifth Third Bank does not process in-kind transfers.***



# FIFTH THIRD BANK

## Signatures:

### Sign here for Transfers

I direct the current trustee or custodian to transfer my HSA, IRA or MSA as set forth in this form. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this transfer transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. Fifth Third Bank, as the new custodian, agrees to accept the funds as a transfer.

[I acknowledge and agree that neither Fifth Third Bank nor any of its employees, officers or agents has provided any recommendation for a fee or other compensation (direct or indirect) with respect to the transfer of my HSA, IRA or MSA, as applicable, including whether, in what amount, in what form, and to what destination, the transfer should be made. I further acknowledge and agree that neither Fifth Third Bank nor any of its employees, officers or agents has acted as a "fiduciary" (within the meaning of the U.S. Employee Retirement Income Security Act of 1974, as amended and/or the U.S. Internal Revenue Code of 1986, as amended, as applicable) in connection with the transfer of my HSA or MSA, as applicable, and that there is no agreement or arrangement (written or verbal) that any such recommendation has been or will be rendered or that Fifth Third Bank, or any of its employees, officers or agents, has acted or will act as a fiduciary in connection with the transfer of my HSA, IRA or MSA, as applicable.]

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Receiving Custodian

### Sign here for HSA Rollovers

I have read and understand the rollover rules and conditions on this form and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property to an HSA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this rollover transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result.

[I acknowledge and agree that neither Fifth Third Bank nor any of its employees, officers or agents has provided any recommendation for a fee or other compensation (direct or indirect) with respect to this rollover transaction, including whether, in what amount, in what form, and to what destination, the rollover should be made. I further acknowledge and agree that neither Fifth Third Bank nor any of its employees, officers or agents has acted as a "fiduciary" (within the meaning of the U.S. Employee Retirement Income Security Act of 1974, as amended and/or the U.S. Internal Revenue Code of 1986, as amended, as applicable) in connection with this rollover transaction, and that there is no agreement or arrangement (written or verbal) that any such recommendation has been or will be rendered or that Fifth Third Bank, or any of its employees, officers or agents, has acted or will act as a fiduciary in connection with this rollover transaction.]

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## FIFTH THIRD BANK

### Rules and Conditions Applicable to Rollovers and HSA, or IRA Transfers:

#### General Information

A rollover is a way to move money or property from one HSA, IRA, or MSA to another HSA. The Internal Revenue Code limits how many rollovers may be taken, how quickly rollovers must be completed, and how the Trustee or Custodian must report the transaction. By properly completing this form you are certifying to the Trustee or Custodian 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.

#### HSA Rollover

##### 1. **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.

##### c. **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 roll over before you may take another distribution from the same HSA to roll over. The focus is on distributions out of an HSA. An HSA is created by executing a plan agreement, not by depositing a contribution into a separate investment within an existing HSA.

##### d. You are entitled to rollover the same assets only once in a twelve (12) month period. Twelve (12) months must elapse between the time you receive a distribution of the assets to be rolled until you receive another distribution of those same assets for rollover purposes. IRS Notice 2004-50; Q&A 55 indicates that only one rollover contribution may be made to an HSA during a one-year period.

#### Individual Retirement Account (IRA) into HSA\*

##### One-time transfer from IRA to HSA

The rules allow for a one-time contribution to an HSA of amounts distributed from an IRA. The contribution must be made in a direct trustee-to-trustee transfer. The IRA transfer will not be included in income or subject to the early withdrawal additional tax.\*

Unlike Health FSA/HRA transfers, the IRA transfer is not treated as a rollover contribution. Thus, any amounts transferred from the IRA to the HSA during the year reduce the maximum amount that may otherwise be contributed to the HSA during the year. Generally, only one transfer may be made during the lifetime of an individual.

If an individual electing the one-time transfer does not remain an eligible individual for the 12 months following the month of the contribution, the transferred amount is included in income and is subject to a 10 percent additional tax.

*\*Fifth Third Bank does not provide tax or accounting advice. Please consult an accountant or tax advisor for professional advice on these areas.*