

# IRA/FSA/HRA Transfer Request Form



To request an IRA Transfer to your HSA Today™ Account, please complete this Form and Submit it to:

DataPath Financial Services  
c/o National Advisors Trust Company, FSB.  
P.O. Box 55068  
Little Rock, AR 72215  
Voice: 888-665-1264  
Fax: 501-687-1409  
Email: support@myhsatoday.com

PART I - ACCOUNT HOLDER INFORMATION (PLEASE PRINT)		
Name:	SSN:	
Address:		
City:	State:	Zip:
HSA Today™ Account Number:		
Work Phone:	Home Phone:	
Email:		
Mother's Maiden Name (Security purposes only):		Date of Birth:

PART II – TYPE OF REQUEST	
Select All that Apply	Follow the Directions Below
IRA Transfer Request: <input type="checkbox"/>	I currently have a Health Savings Account with National Advisors Trust and want to do a one-time transfer from my IRA ( <i>Individual Retirement Account</i> ). <b>(Proceed to Part III)</b>
FSA Transfer Request: <input type="checkbox"/>	I currently have a Health Savings Account with National Advisors Trust and want to transfer my Health FSA Balance to my HSA Today™ Account. <b>(Proceed to Part IV)</b>
HRA Transfer Request: <input type="checkbox"/>	I currently have a Health Savings Account with National Advisors Trust and want to transfer my Health Reimbursement Account Balance to my HSA Today™ Account. <b>(Proceed to Part V)</b>

*Note: If you do not have an HSA Account, please complete an HSA Account Application and submit along with this transfer request form.*

### PART III. – IRA TRANSFER INFORMATION

This request is for a Trustee-to-Trustee transfer. The monies currently in an Individual Retirement Account (IRA) with another Trustee or Custodian are to be directly transferred to National Advisors Trust.

#### CURRENT IRA CUSTODIAN INFORMATION:

<b>Institution Name:</b>	
<b>Phone:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Current IRA Account Number:</b>	
<b>Current Custodian Contact Name and Phone:</b>	

#### TRANSFER INSTRUCTIONS

I \_\_\_\_\_, authorize my IRA Custodian \_\_\_\_\_  
(HSA Account Owner, Please Print Name) (IRA Custodian Name, Please Print Name)

to make a one-time direct transfer from of my IRA to my Health Savings Account Custodian:

Amount to Transfer: \$ \_\_\_\_\_.

**IMPORTANT:** Amount to transfer is limited HSA annual contribution Limit.

Make a check payable to ("HSA Today™") for the above account and mail to: **(Please include a copy of this form)**

DataPath Financial Services  
c/o National Advisors Trust Company, FSB.  
Health Savings Account Department  
P.O. Box 55068  
Little Rock, AR 72215

### PART III. – ACCOUNT HOLDER SIGNATURE

Sign Here for Trustee to Trustee Transfer

I authorize the transfer of the IRA assets in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian.

**Account Holder – Signature Required:**

**Date:**

## PART IV. – HEALTH FSA TRANSFER INFORMATION

This request is for a Health FSA transfer. The monies currently in a Health FSA (FSA) with your Employer are to be directly transferred to National Advisors Trust on your behalf by a check from your Employer.

### CURRENT EMPLOYER-SPONSERED HEALTH FSA PLAN INFORMATION:

<b>Employer Name:</b>	
<b>Phone:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>HR Contact Name and Phone:</b>	

### TRANSFER INSTRUCTIONS

I \_\_\_\_\_, authorize my Employer \_\_\_\_\_  
(HSA Account Owner, Please Print Name) (Employer Name, Please Print Name)

to make a one-time direct transfer from of my Health FSA to my Health Savings Account Custodian:

Amount to Transfer: \$\_\_\_\_\_.

**IMPORTANT:** Amount to transfer is limited to your Health FSA Balance as of September 21, 2006, or if less, your Health FSA balance on the date of the transfer.

Make a check payable to ("**HSA Today™**") for the above account and mail to: (**Please include a copy of this form**)

DataPath Financial Services  
c/o National Advisors Trust Company, FSB.  
Health Savings Account Department  
P.O. Box 55068  
Little Rock, AR 72215

## PART IV. – ACCOUNT HOLDER SIGNATURE

Sign Here for Health FSA Transfer

I authorize the transfer of my Health FSA Balance in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian.

**Account Holder – Signature Required:**

**Date:**

**Employer – Signature Required:**

**Date:**

## PART V. – HEALTH REIMBURSEMENT ACCOUNT (HRA) TRANSFER INFORMATION

This request is for a Health Reimbursement Account (HRA) transfer. The monies currently in a HRA with your Employer are to be directly transferred to National Advisors Trust on your behalf by a check from your Employer.

### CURRENT EMPLOYER-SPONSERED HRA PLAN INFORMATION:

<b>Employer Name:</b>	
<b>Phone:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>HR Contact Name and Phone:</b>	

### TRANSFER INSTRUCTIONS

I \_\_\_\_\_, authorize my Employer \_\_\_\_\_  
(HSA Account Owner, Please Print Name) (Employer Name, Please Print Name)

to make a one-time direct transfer from of my Health Reimbursement Account (HRA) to my Health Savings Account Custodian:

Amount to Transfer: \$\_\_\_\_\_.

**IMPORTANT:** Amount to transfer is limited to your HRA Balance as of September 21, 2006, or if less, your HRA balance on the date of the transfer.

Make a check payable to ("HSA Today™") for the above account and mail to: **(Please include a copy of this form)**

DataPath Financial Services  
c/o National Advisors Trust Company, FSB.  
Health Savings Account Department  
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Little Rock, AR 72215

## PART V. – ACCOUNT HOLDER SIGNATURE

Sign Here for HRA Transfer

I authorize the transfer of my Health Reimbursement Account Balance in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian.

<b>Account Holder – Signature Required:</b>	<b>Date:</b>
<b>Employer – Signature Required:</b>	<b>Date:</b>

## **RULES AND CONDITIONS APPLICABLE TO ROLLOVER**

### **GENERAL INFORMATION**

President George W. Bush signed the Health Opportunity Patient Empowerment Act of 2006 on December 20, 2006. The law, part of the Tax Relief and Health Care Act of 2006, provides new opportunities for health savings accounts (HSA) participants to build their funds.

HSA provisions of the Act include:

#### **1. One Time rollovers from Health FSAs and HRAs into HSAs through 12/31/2011**

Employers can transfer funds from Flexible Spending Arrangements (FSAs) or Health Reimbursement Arrangements (HRAs) to an HSA. The one time tax free rollover of Health FSA and/or HRA amounts (a Qualified HSA Distribution) is the balance in the FSA or HRA as of September 21, 2006, or if less, the balance as of the date of the transfer. The provision is limited to one distribution with respect to each Health FSA or HRA of the individual. The Qualified HSA Distribution is treated as a rollover contribution for HSA purposes; therefore, it does not decrease the amount that may be contributed to the HAS during the year.

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

#### **2. One time transfer from IRAs to HSAs**

The new rules allow for a one-time contribution to an HSA of amounts distributed from an Individual Retirement Arrangement (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 subject to a 10 percent additional tax.

### **For Internal Use Only: Accepting HSA Custodian**

Our organization agrees to serve as the new Custodian for the account of the above named individual, and as Custodian, we agree to accept the assets being transferred.

National Advisors Trust Company, FSB.  
P.O. Box 55068  
Little Rock, AR 72215

\_\_\_\_\_  
**Authorized Signature of New Custodian**

\_\_\_\_\_  
**Date**