

Health Savings Account (HSA) Transfer Request Form

Complete this form if you are intending to transfer funds to a WEX Health, Inc. 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 WEX. Please note: WEX is unable to process this form and initiate the funds transfer. If you are attempting to close your WEX 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"/>		
*Social Security Number	*Accountholder Telephone		
<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"/>
*Custodian Address	*City	*State	*Zip
<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"/>
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"/>	
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 or of the HSA or IRA identified above. The amount of the partial transfer is: \$

all part

Please make checks payable to:

WEX HSA Accountholder/Beneficiary's Name

This transfer or close the HSA/IRA.

will will not

Transfer check should be sent to IU HSA/FSA, PO Box 2905, Fargo, ND 58108-2905.

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 or rolling over funds to an HSA, I am hereby advised to seek the advice of a tax professional before signing this form. State tax laws may vary, and I agree that WEX makes no representation as to the tax effect of this transfer under state law. I also acknowledge that my decision to transfer/rollover funds to my WEX 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 WEX shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by the transferring trustee or custodian, WEX Health, Inc.


*Transfer Signature of HSA Accountholder or Former Spouse

*Date

This Health Savings Account (HSA) is a custody account with WEX Health, Inc. serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement.

Step 6: Accepting HSA Custodian

WEX Health, Inc. 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

Eligibility for HSA Transfer	You may only transfer funds into a WEX 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.
One-Time Transfer from a Roth or Traditional IRA to an HSA	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.
Excess Contributions	You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to a WEX HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify WEX and request a withdrawal of the excess contribution together with any net income attributable thereto.
Direct Rollover	Your HSA If you have already received a distribution from your HSA or IRA, you may be eligible to make a rollover into your WEX HSA (instead of a transfer). Rollovers can be deposited into your WEX HSA via the HSA Contribution Form.
Investments	Your HSA will be invested as provided under your HSA arrangement with WEX.
Additional Information about HSAs	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: www.irs.gov .