



Health Savings Account (HSA) Consolidation of UMB HSAs

I am the owner of one or more UMB HSAs. I wish to have all the funds in UMB HSA(s) as indicated in Section B below, OR as identified when using the information provided, including any invested funds, transferred to the UMB HSA in Section C below.

A. Individual HSA Owner

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER
PHONE <input type="checkbox"/> CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME <input type="checkbox"/> OTHER			

B. UMB HSA(s) to be transferred - this will close the account(s)

Please provide 9-digit UMB HSA account number(s).

9	8								
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UMB HSA #1 Account Number

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UMB HSA #2 Account Number (if applicable)

C. This account will remain open - UMB HSA to receive funds

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HSA Account Number (if unknown, answer the questions below)

Who is your Employer?

Who is your benefits provider / administrator?

What is the web address you use to view your HSA account online?

Who is your health plan provider?

UMB Bank, n.a. (UMB) has agreed to serve as Custodian of HSAs (within the meaning of IRC Section 223) for the individual HSA Owner identified in Section A above and is willing to transfer funds in accordance with the HSA Owner's instructions.

The HSA Owner, by his or her signature below, hereby directs UMB to transfer the funds held in the UMB HSA set forth in Section B above, including any invested funds, to the UMB HSA set forth in section C above.

Pursuant to IRS Publication 969 if you instruct the trustee of your HSA to transfer funds directly to the trustee of another of your HSAs, the transfer is not considered a rollover. There is no limit on the number of these transfers. You do not include the amount transferred in income, deduct it as a contribution, nor include it as a distribution on Form 8889.

I certify that the information contained on this form is true and correct. I direct UMB to transfer all of the funds in the UMB HSA set forth in Section B above, including any invested funds, to the UMB HSA set forth in Section C above, as set forth in this form. I understand that I am responsible for properly identifying the HSA from which funds will be transferred from and to, and UMB will make best efforts to properly identify the HSA based upon the information I provide. I understand and agree that if UMB is unable to identify the HSA from which funds are to be transferred to and from that no funds will be transferred until such time as the HSAs can be identified. I additionally understand that UMB may contact me for additional information related to my UMB HSAs and may request that I complete a new form based upon that information or other information UMB has in its records about my HSA relationship with them. I understand I am responsible for any tax consequences of this action and I will not seek to hold UMB responsible for such tax consequences should any occur. I indemnify and agree to hold UMB harmless against any liabilities for following these instructions or for transferring funds to or from an HSA that is improperly or incompletely identified on this form.

Please note that a physical signature is needed since electronic signatures are not accepted.

HSA OWNER Signature	X	Date
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Return completed form to: UMB Bank, n.a.
Mailstop 1020502-HSA Ops
P.O. Box 419226
Kansas City, MO 64141

Or e-mail scanned document to: HSACICenter@umb.com