UMB | Healthcare Services

Health Savings Account (HSA)
Transfer to UMB from Other Trustee

If you have questions about completing this form, please contact UMB Healthcare Services at 1-866-520-4472.
Form must be filled out completely to ensure transfer is completed correctly.

9	8									**UMB Health Savings Account Number** (10-digit number found on your HSA statement)

A. Individual HSA Owner

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS (NO P.O. BOX)			PHONE ☐ CELL ☐ OFFICE ☐ HOME ☐ OTHER
PO BOX, APARTMENT OR LOT #		CITY	STATE / ZIP

B. Amount of Transfer

Indicate amount to be transferred. This will ☐ or will not ☐ close my account.:

☐ Entire Account Balance ☐ Specific Dollar Amount $ _____ ☐ IRA to HSA transfer* $ _____

C. Current Trustee or Custodian – SEND COMPLETED FORM TO ADDRESS BELOW

INSTITUTION NAME			HSA/IRA ACCOUNT #
STREET ADDRESS			PHONE ☐ CELL ☐ OFFICE ☐ HOME ☐ OTHER
ADDRESS LINE 2		CITY	STATE / ZIP

UMB Bank, n.a. has agreed to serve as Custodian of a Health Savings Account (within the meaning of IRC Section 223) for the individual HSA Owner identified above, and is willing to accept HSA, MSA or IRA dollars that the current trustee or custodian holds in accordance with the following instructions.

The Account Owner, by his or her signature below, hereby directs the current trustee or custodian to close the HSA or MSA presently maintained with the current trustee or custodian, or, in the case of a transfer from an IRA, to transfer the amount of the requested distribution set forth above from the IRA account presently maintained with such trustee or custodian, and to transfer the dollars, after deduction of any necessary fees and expenses, to UMB Bank, n.a. at the address set forth below. Transfers to UMB must be in cash equivalents; UMB does not accept "in-kind" transfers of mutual funds and/or other securities.

When HSA, MSA or IRA dollars constituting a qualified HSA funding distribution are transferred directly from one trustee or custodian to another qualified trustee or custodian, the transfer is without federal income tax consequences to the Account Owner. If instead of making a transfer directly to a new custodian, the Account Owner receives a distribution from an HSA or MSA by the current trustee, the Account Owner may make a tax-free rollover contribution of all or part of the assets received to his or her HSA at UMB Bank, n.a., provided that the rollover is completed within 60 days of the date the Account Owner receives the distribution. Federal law allows only one rollover during any 12-month period.

I certify that the information contained on this form is true and correct. I direct the current custodian/trustee identified above to transfer all my HSA/Archer MSA assets, or in the case of an IRA transfer, the amount requested above, to UMB Bank, n.a. as set forth in this form. I understand that I am responsible for the tax consequences of this action and I will not seek to hold the current trustee or custodian or UMB Bank, n.a. responsible for such tax consequences. I indemnify and agree to hold the current custodian/trustee harmless against any liabilities for following these instructions. UMB Bank, n.a. shall accept the transferred dollars as a transfer to the HSA of the Account Owner.

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

ACCOUNT OWNER **Signature**	**X**	**Date**

Instructions for Transferring Institution to submit this form for processing.

Make check payable to: UMB Bank, n.a. as HSA Custodian for _____
Legal name of account owner

In memo section of check include last 4 of SSN.

Mail this form with check to *your current Trustee/Custodian*:
UMB Bank, n.a., Mailstop 1020502 - HSA Ops, P.O. Box 419226, Kansas City, MO 64141-6226

*IRA to HSA transfer - I am allowed a one-time, qualified HSA funding distribution from an IRA into an HSA. I understand (a) the maximum amount to be excluded from my gross income by reason of the transfer is the maximum deductible contribution I am allowed to make to the HSA based on the type of coverage (individual or family) that I have; (b) I must continue to be covered by a high deductible health plan (HDHP) and remain eligible to hold an HSA for 12 months after the transfer from my IRA; and (c) the transfer from my IRA must be a direct trustee-to-trustee transfer. If I do not continue to be eligible to hold an HSA for 12 months after the transfer, the funds transferred will be treated as taxable income and may be subject to a 20 percent additional tax. I understand only transfers from Traditional or Roth IRAs qualify for this tax treatment.