HSA Transfer Request Form



To request an HSA Transfer or Rollover from prior custodian to Summit HSA, please complete this form and submit it to:

DataPath Financial Services, In				
c\o National Advisors Trust Cor P.O. Box 55068	mpany, FSB. Fax: 501-687-14	09		
Little Rock, AR 72215	Email: fiops@dp			
	·			
Part I: Account Owner Inform	ation (Please Print)	Please check here if this is a ne	ew mailing or email address	
			SSN#	
			StateZip	
	Work Phone ()		Dnly)	
	WOUN	er s malden name (security Fulposes (() () () () () () () () () () () () () (
Part 2: Type of Request				
Trustee to Trustee Transfer:		ngs Account or Medical Savings Accoun to National Advisors Trust. (Proceed to I	t with another Trustee or Custodian and want Part III)	
HSA Rollover: I have been issued a check in the amount of \$and closed my HSA or MSA. I would I the funds to establish an HSA with National Advisors Trust.				
	1. I want to send my rollover f	unds via:		
	Check – mail check to: National Advisors Trust SD PO BOX 9968, Dept #4473, Conway, AR 72033			
	EFT Draft from my personal bank account at this financial institution:			
	Bank Name			
	Route NumberAccount Number			
	Account Type Checking Savings (Answer the Rollover Qualification Questions below and then proceed to			
Rollover Qualification Questions:	Part IV.) (For an eligible rollover, all questions must be answered "NO")			
	 Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank? Yes No 			
	 Did you receive any other distributions from the distributing MSA/HSA during the preceding 12 months, which you also rolled over? Yes No 			
Part 3: Transfer Information		(Skip this section if you are completi for the rollover or requested, we dra	ng an HSA rollover and have included a check ft your personal account.)	
This request is for a Trustee-to-Trus Trustee or Custodian are to be dire			ledical Savings Account (MSA) with another	
Current MSA/HSA Trustee/Custo	odian Information:			
Institution Name			Phone ()	
Address		City	StateZip	

Transfer Instructions:

Current MSA/HSA Account Number

I, authorize			(current custodian) to directly
transfer:	ALL or	PART of my account in the following manner. If partial transfer, list amount \$	

Make a check payable to "DataPath Financial Services" for th	ie above account and mail to:	National Advisors Trust SD PO Box 9668 Dept #4473 Conway, AR 72033	
Previous Custodian Transfer funds to New Custodian via ACH receive the account information.	I to an account provided by Data	aPath Financial Services. Please call 888-6	65-1264 to
Amount to transfer \$ This transfer	Will Will Not close n	iy account.	
Part 4: Account Owner Signature	(Sign Here for Trustee to Trus	tee Transfer)	
I authorize the transfer of the HSA or MSA assets in the manner d by the Trustee or Custodian.	escribed above, and certify that	all of the information provided by me ma	ay be relied upon

Employee Signature	Date/	/	
.,		mm/dd/yy	

Rules and Conditions Applicable To Rollover

General Information

A rollover is a way to move money or property from a Medical Savings Account (MSA) or existing Health Savings Account (HSA) to a Health Savings Account. The Internal Revenue Code (IRC) 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.

Rollover

1. Timelines

The funds you receive from a MSA or HSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. There are generally no exceptions to the 60-day rule and the IRS cannot grant extensions. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.

2. 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 rollover before you may take another distribution from the same HSA to rollover. The focus is on distributions out of an HSA. An HSA is created by executinga plan agreement, not by depositing a contribution into a separate investment with an existing MSA or HSA.

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 receivea distribution of the assets to be rolled over and the time you receive another distribution of those same assets for rollover purposes.

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 Voice: 888-665-1264 Fax: 501-687-1409 Email: fiops@dpath.com

Authorized Signature of New Custodian: _

Date: /	
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