

HSA ROLLOVER (IRA TO HSA) REQUEST

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Web site: towerbank.net

Toll-free: 1.888.HSA.TOWR

Mailing Address: Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, Indiana 46858

Instructions:

1. Open your new Health Savings Account with Tower Bank.
2. Fill out this form and sign at the bottom.
3. Send form to Tower Bank for processing.

Please Note:

- IRS rule allows a one-time contribution to an HSA from an IRA.
- The contribution must be made directly from your IRA Custodian/Trustee to Tower Bank as your HSA Custodian.
- Only one rollover may be made during a lifetime.
- The amount that can be transferred to the HSA is limited to the maximum annual statutory limit established by the IRS.

ACCOUNT HOLDER

A	Name (first) (middle) (last)			Social Security #	
	Street Address		City	State	Zip Code
	Date of Birth (xx-xx-xxxx format)		Home Phone		Business Phone

ROLLOVER REQUEST

I authorize and direct you, the IRA Custodian/Trustee, to send as a rollover of assets indicated in Section C below to Tower Bank at the address listed.

B	Present Trustee's Name		Account #	Phone	
	Street Address		City	State	Zip Code

PAYMENT INFORMATION

C	Tower Health Savings Account Number:	
	Payment Schedule: <input type="checkbox"/> Immediately liquidate all assets and send cash proceeds <input type="checkbox"/> Liquidate assets in the amount of \$ _____	
	Payment Method: Please make check payable to: Tower Bank HSA Custodian for Benefit of _____ Please send check to: Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, IN 46858	

SIGNATURES

I certify that I have or will establish a Tower Bank Health Savings Account. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all rollovers and I agree to indemnify and to hold the Custodian harmless against any and all situations arising from an ineligible transfer. I acknowledge that the Custodian cannot provide tax advice and I agree to consult with my own tax professional for advice.

Signature of HSA Owner

Date

Tower Bank as Custodian agrees to accept these funds as a rollover.

Signature of HSA Custodian

Date