

# HSA ROLLOVER (MSA TO HSA) REQUEST

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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.

## 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 Custodian/Trustee, to send as a rollover of assets indicated in Section C below to Tower Bank at the address listed. (Attach a copy of the most recent statement of the account you are transferring.)

B	Present Custodian/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: I authorize and direct you to send my MSA funds to Tower Bank as follows: Please make check payable to: Tower Bank HSA Custodian for the benefit of: _____	
Please send check to: Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, IN 46858		

## ELIGIBILITY

D	Questions: (To meet IRC eligibility codes, all must be answered no.)		
	Has more than 60 days elapsed since you received distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did you receive any other distributions in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have these assets been rolled over in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SIGNATURES

I certify that I have or will establish a Health Savings Account with Tower Bank. 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 rollover. 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