



MSA to HSA ROLLOVER REQUEST FORM

FOR CURRENT MSA BANK™ CUSTOMERS ONLY
Please complete the rollover form below if you have established an MSA with MSA Bank™ and would like to rollover the MSA into a Health Savings Account(HSA) at MSA Bank.

Current MSA Account Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	For MSA Bank Use Only <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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PART I: Personal Information

First Name	MI	Last Name
Address		State
PO BOX	City	Zip
County	Social Security #	
Home Phone	Bus. Phone	Birth Date

PART II: Request Type

Direct MSA to HSA Rollover: I currently have a Medical Savings Account with *MSA Bank* and would like to rollover the funds into a Health Savings Account with *MSA Bank*. *The following questions establish my eligibility for a rollover: (For an eligible rollover, the following must be answered NO.)*

- TIMELINES - 60 DAYS:** Have more than 60 days elapsed since you received the distribution from the distributing HSA? Yes No
- TWELVE MONTH RESTRICTION** (For an eligible rollover, both questions must be answered NO.)
 Did you receive any other distributions from the distributing HSA during the preceding 12 months, which you also rolled over? Yes No
 Have the assets involved in this transaction been previously rolled over from one MSA/HSA to an HSA within the past 12 months? Yes No

IMPORTANT NOTE: Funds from an IRA or a SIMPLE IRA may not be rolled over to an HSA.

PART III: Custodian Information: Current MSA Trustee and Accepting HSA Trustee

Institution Name:	<i>MSA Bank</i> (State Bank of Howards Grove)
Address:	211 N. Wisconsin Drive Howards Grove, WI 53083
Phone:	(920) 565-3351 or 1-800-357-6246

RULES AND CONDITIONS APPLICABLE TO ROLLOVER

GENERAL INFORMATION
A rollover is a way to move money or property from a Medical Savings Account or Health Savings Account to a new 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

- Timelines**
The funds you receive from the distributing MSA/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 following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.
- 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 executing a plan agreement, not by depositing a contribution into a separate investment within an existing MSA/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 receive a distribution of the assets to be rolled over and the time you receive another distribution of those same assets for rollover purposes.

Part IV: Signature of MSA Holder

I have read and understand the rollover rules and conditions on this form and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property from an MSA to an HSA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this rollover transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I hereby irrevocably designate all of the funds in the MSA identified above as a rollover contribution to establish an HSA. This rollover will close the existing MSA with *MSA Bank*.

Signature of MSA Holder (for Rollover)	Date	Signature of Witness	Date
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