

Direct Transfer or Rollover of MSA or HSA Funds



To an Everence HSA

Section A: Everence account owner information

Before completing this form, you will need to have already opened an Everence HSA. This form does not replace an application form.

Name _____

Address _____
Street City State ZIP code

Everence HSA account number _____

Daytime telephone number _____

Source of funds for transfer or rollover Health savings account
 Archer medical savings account

This should be handled as rollover
 transfer

Please complete Section B for transfers or Section C for rollovers. Then sign Section D.

Section B: Transfer request

I have an HSA or MSA with another trustee/custodian and want to transfer the funds directly to my Everence HSA.

Current custodian or trustee _____

Address _____
Street City State ZIP code

Telephone number _____ HSA/MSA account number _____

To the current custodian or trustee:

Please transfer the entire balance of my account and close the account.
 Please leave my current account open and transfer only this amount: _____.

I understand that this transfer will move funds directly from the current trustee/custodian to Everence Federal Credit Union as custodian. I certify that I satisfy the rules and conditions applicable to the transfer. I am making an irrevocable election to treat the transaction as a transfer.

Instructions to the account owner:

1. Complete and sign this form.
- 2. Deliver this form to the trustee/custodian you are transferring the funds from.**
3. The transferring trustee/custodian should send this form, along with a check payable to Everence FCU FBO (account owner's name) HSA, to Everence HSA administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602.

Section C: Rollover request

I have received the enclosed funds from an HSA or MSA with another trustee/custodian and want to rollover the funds to my Everence HSA.

I understand that the IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed, and how the trustee/custodian must report the transaction. I certify that I satisfy the rules and conditions applicable to my rollover. I am making an irrevocable election to treat the transaction as a rollover.

Timeline: The funds you receive from the distribution of an account 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 exemptions. Receipt generally refers to the day you actually have the funds in your possession.

12-month restriction: You are entitled to one rollover contribution a year to an HSA. Twelve months must pass after you make a rollover contribution before you may make another rollover contribution to an HSA.

Instructions to the account owner:

1. Complete and sign this form.
- 2. Enclose a check for the rollover payable to Everence FCU FBO (account owner's name) HSA.**
3. Send the check and this form to Everence HSA administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602.

Section D: Signature authorizing transfer or rollover

I have read and understand the rules and conditions on this form. I meet the requirements for making a transfer or rollover. Due to the potential tax consequences when moving funds to an HSA, I understand that it is in my best interest to consult with a tax professional. All information provided by me is true and correct and may be relied upon by Everence. I assume full responsibility for this transaction and will not hold Everence liable for any adverse consequences that may result.

Signature of account owner

Date

Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com

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