



Health Savings Account (HSA)/ Archer Medical Savings Account (MSA) Trustee-to-Trustee Transfer Form

Form Instructions: Complete this form to transfer funds from another Health Savings Account (HSA) or Archer Medical Savings Account (MSA) trustee to your HSA held by ConnectYourCare. Your ConnectYourCare HSA must be established before ConnectYourCare can complete a trustee-to-trustee transfer.

This form must be submitted to the transferring trustee, and not ConnectYourCare. Please note, the transferring trustee may require additional information in order to complete your request.

General Information

- Transfers to your ConnectYourCare HSA must be in cash equivalents. ConnectYourCare does not accept “in-kind” transfers of mutual funds and/or other securities.
- The IRS permits HSA assets to be transferred from one HSA trustee to another HSA trustee via two methods—a trustee-to-trustee transfer and a rollover.

A **trustee-to-trustee transfer** occurs when the current trustee sends the HSA funds directly to the new HSA trustee. The IRS does not limit the frequency of trustee-to-trustee transfers.

A **rollover** occurs when the accountholder receives a distribution of the funds from the current trustee, and within 60 days deposits those funds into a new HSA. Per IRS regulations, only one rollover every 12 months is permitted. If you are conducting a rollover transaction, please complete the HSA Rollover Request Form and not the Trustee-to-Trustee Transfer Form.

STEP 1: Account Holder Information					
First Name:		Middle Name:		Last Name:	
Permanent Address:			City:	State: Zip Code:	
Date of Birth: (Month/Day/Year) ____ / ____ / ____			Daytime Phone:		
CYC HSA Account Number: (12 digits from your Welcome Kit or statement. Not your card number.)			Social Security Number: (Only Last 4 Digits Required)	X X X / X X / ____	

STEP 2: Transferring Account information				
Institution Name:		Phone:	HSA/MSA Account #:	
Street Address:		City:	State: Zip Code:	

Transferring Account Information

I request the custodian of my HSA/MSA to transfer the following amount to my HSA held by ConnectYourCare:

- Specific Amount \$ _____
- Full Account Balance and Close My Account

Type of Account

Select the type of transferring account:

- HSA MSA



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STEP 3: Account Holder Authorization

I hereby request and authorize the custodian of my Health Savings Account (HSA) or Archer Medical Savings Account (MSA) to transfer the specified amount (and if applicable, close my HSA/MSA) to ConnectYourCare.

- I understand that the current trustee of my HSA/MSA must directly transfer my funds directly to ConnectYourCare in order for this transfer to qualify as a trustee-to-trustee transfer;
- I understand that I must be the owner of both accounts and that I may not receive money from another individual's HSA/MSA;
- I understand that I must liquidate my investment account prior to my HSA being closed and transferred to ConnectYourCare;
- By providing my phone number, I authorize ConnectYourCare to contact me about my account or this transfer request using automated calls or text messaging;
- By signing below, I certify that all of the information provided by me is true and correct and may be relied on by ConnectYourCare and I assume full responsibility for this transaction;
- I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that ConnectYourCare shall in no way be held responsible.

Signature of Account Holder:

Date:

How to Submit: Please mail the completed form to your current HSA/MSA institution, as defined in Step 2 of this form.

Transferring Institution: Instructions for submitting this form for processing.

Make check payable to: ConnectYourCare FBO [insert accountholder name]

In memo section of check, include the ConnectYourCare HSA account number from Step 1 of this form.

Mail check and form to ConnectYourCare, PO Box 851287, 6300 Wayne Road, Westland, MI 48185

Signature of Accepting HSA Custodian:

Reese Feuerman, CFO, ConnectYourCare

