

HSA Transfer Request Form

To request an HSA Transfer or Rollover from prior custodian to HSAToday/DataPath Financial Services, please complete this form and submit it to:

DataPath Financial Services, Inc.
PO Box 55068
Little Rock, AR 72215

Fax: 501-687-1409
Email: fiops@dpath.com

Part 1: Account Owner Information (Please Print)

☐ Please check here if this is a new mailing or email address

Name (Please Print) _____ DOB _____ SSN# _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Email Address _____
Account Number _____ Mother's Maiden Name (Security Purposes Only) _____

Part 2: Type of Request

☐ **Trustee to Trustee Transfer:**

I currently have a Health Savings Account or Medical Savings Account with another Trustee or Custodian and want to transfer the funds directly to DataPath Financial Services, Inc. (Proceed to Part III)

☐ **HSA Rollover:**

I have been issued a check in the amount of \$ _____ and closed my HSA or MSA. I would like to rollover the funds to establish an HSA with DataPath Financial Services, Inc.

1. I want to send my rollover funds via:

☐ Check – mail check to: DataPath Financial Services, Inc.
PO BOX 9968, Dept #4473, Conway, AR 72033

☐ EFT Draft from my personal bank account at this financial institution:

Bank Name _____

Route Number _____ Account Number _____

Account Type ☐ Checking ☐ Savings (Answer the Rollover Qualification Questions below and then proceed to Part IV.)

Rollover Qualification Questions:

(For an eligible rollover, all questions must be answered "NO")

2. Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank?
☐ Yes ☐ No

3. Did you receive any other distributions from the distributing MSA/HSA during the preceding 12 months, which you also rolled over?
☐ Yes ☐ No

Part 3: Transfer Information

(Skip this section if you are completing an HSA rollover and have included a check for the rollover or requested we draft your personal account.)

This request is for a Trustee-to-Trustee transfer. The funds currently in a Health Savings Account (HSA) or Medical Savings Account (MSA) with another Trustee or Custodian are to be directly transferred to DataPath Financial Services, Inc.

Current MSA/HSA Trustee/Custodian Information:

Institution Name _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____
Current MSA/HSA Account Number _____

Transfer Instructions:

I _____, authorize _____ (current custodian) to directly transfer: ☐ ALL or ☐ PART of my account in the following manner. If partial transfer, list amount \$ _____.

☐ Make a check payable to "DataPath Financial Services" for the above account and mail to:

DataPath Financial Services, Inc.
PO Box 9668
Dept #4473
Conway, AR 72033

☐ Previous Custodian Transfer funds to New Custodian via ACH to an account provided by DataPath Financial Services. Please call 888-665-1264 to receive the account information.

Amount to transfer \$_____ . This transfer ☐ Will ☐ Will Not close my account.

Part 4: Account Owner Signature

(Sign Here for Trustee to Trustee Transfer)

I authorize the transfer of the HSA or MSA assets in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian.

Employee Signature _____ Date _____ / _____ / _____
mm/dd/yy

Rules and Conditions Applicable To Rollover

General Information

A rollover is a way to move money or property from a Medical Savings Account (MSA) or existing Health Savings Account (HSA) to a 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

1. Timelines

The funds you receive from a MSA or 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 you pick up the check from the Trustee or Custodian or you receive the check in the mail.

2. 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 with an existing MSA or 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.

For Internal Use Only: Accepting HSA Custodian

Our organization agrees to serve as the new Custodian for the account of the above named individual, and as Custodian, we agree to accept the assets being transferred.

DataPath Financial Services, Inc.
PO Box 55068
Little Rock, AR 72215

Voice: 888-665-1264
Fax: 501-687-1409

Email: fiops@dpfath.com

Authorized Signature of New Custodian: _____ Date: _____ / _____ / _____
mm/dd/yy