## **HSA Transfer Request Form**



To request an HSA Transfer or Rollover from prior custodian to Summit HSA, 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	Please check here if this is a new mailing or email address				
Name (Please Print)			DOB	SSN# _			
Address		City					
Home Phone ()	Work Phone ()	Email A	ddress				
Account Number	Mo	ther's Maiden Name (S	ecurity Purposes Onl	ly)			
Part 2: Type of Request							
Trustee to Trustee Transfer:	I currently have a Health Sa transfer the funds directly t				e or Custo	dian and want to	
HSA Rollover:			the amount of \$ and closed my HSA or MSA. I would like to an HSA with DataPath Financial Services, Inc.				
	1. I want to send my rollove	r funds via:					
	Check – mail check	to: DataPath F PO BOX 96	inancial Services, Inc 68, Dept #4473, Con				
	EFT Draft from my personal bank account at this financial institution:						
	Bank Name						
	Route Number						
	Account Type Check	ingSavings (Answer	r the Rollover Qualificat	ion Questions below	and then pro	ceed to Part IV.)	
Rollover Qualification	(For an eligible rollover, all ques	stions must be answered '	"NO")				
Questions:	2. Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank?  Yes No						
	<ul><li>3. Did you receive any other you also rolled over?</li><li>Yes No</li></ul>	er distributions from the	e distributing MSA/H	SA during the prec	eding 12 m	onths, which	
Part 3: Transfer Information		` •	if you are completing requested we draft yo			led a check	
This request is for a Trustee-to-Trus or Custodian are to be directly trans		-	Account (HSA) or Me	edical Savings Acco	ınt (MSA) w	ith another Truste	
Current MSA/HSA Trustee/Custo	dian Information:						
Institution Name							
Address					State	Zip	
Current MSA/HSA Account Number							
Transfer Instructions:							
	, authc	orize		(cur	rent custod	ian) to directly	
transfer: ALL or PART of	my account in the following ma	anner. If partial transfe	r, list amount \$			,,	

Make a check payable to "DataPath Financial Services" for the ab	DataPath Financial Services, Inc. PO Box 9668 Dept #4473 Conway, AR 72033			
Previous Custodian Transfer funds to New Custodian via ACH to a receive the account information.	n account provided by Datal	Path Financial Services. P	lease call 888-665-1264 to	
Amount to transfer \$ This transfer \bigcup V	Vill Will Not close my	, account.		
Part 4: Account Owner Signature	(Sign Here for Trustee to Trust	ee Transfer)		
I authorize the transfer of the HSA or MSA assets in the manner descri by the Trustee or Custodian.	bed above, and certify that a	all of the information pro	vided by me may be relied upon	
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 The Internal Revenue Code (IRC) Limits how many rollovers may be tak must report the transaction. By properly completing this form you are applicable to your rollover and that you are making an irrevocable elec-	ken, how quickly rollovers m certifying to the Trustee or (	ust be completed, and ho Custodian that you have s	w the Trustee or Custodian	
Rollover				
1. Timelines				
The funds you receive from a MSA or HSA must be deposited into an Hweekends and holidays. There are generally no exceptions to the 60-dactually have the funds in hand. For example, the 60 days would begin check in the mail.	ay rule and the IRS cannot gr	ant extensions. Receipt g	generally means the day you	
2. Twelve-Month Restriction				
You are entitled to one distribution per year per HSA which may be rol rollover before you may take another distribution from the same HSA a plan agreement, not by depositing a contribution into a separate investigation.	to rollover. The focus is on d	istributions out of an HSA		
You are entitled to rollover the same assets only once in a twelve (12) distribution of the assets to be rolled over and the time you receive an				
For Internal Use Only: Accepting HSA Custodian				
Our organization agrees to serve as the new Custodian for the account being transferred.	of the above named individ	ual, and as Custodian, we	e agree to accept the assets	
DataPath Financial Services, Inc. PO Box 55068 Little Rock, AR 72215				
Voice: 888-665-1264 Fax: 501-687-1409				
Email: fiops@dpath.com				
Authorized Signature of New Custodian:		Date:	_//	

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mm/dd/yy