

HSA rollover contribution form

Please complete this form to make a rollover contribution to your HSA. Enclose a check made payable to "Forma (Accountholder Name) HSA" in the amount specified below and include your HSA account number on your check. Use the Transfer of Assets form to request direct transfer from another custodian/trustee into this account.

Mail completed form and check to:

47000 Warm Springs Blvd, Ste 1-170
Fremont, CA 94539

Questions about this form?

844-902-2902
M-F, 8 a.m. - 8 p.m. ET

Section 1: Account information

Account number: _____

Last name: _____ First name: _____ Middle initial: _____

Employer name: _____ Last 4 of SSN: _____

Email address: _____ Telephone number: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Section 2: Request type

I have an existing HSA, MSA or IRA with another Trustee/Custodian and have been issued a check in the amount of \$_____ and closed my HSA, MSA or IRA. I would like to roll over the funds into my HSA with Forma.

Section 3: Rollover requirements (For the transfer to be treated as an eligible rollover, all questions below must be answered with No)

Have more than 60 days elapsed since you received the distribution from your former Custodian/Trustee?

Yes No

Have you made a rollover contribution to an HSA during the preceding 12 months?

Yes No

Does your rollover contribution consist of assets other than those distributed from your former HSA/MSA/IRA?

Yes No

Section 4: Rules and conditions applicable to rollover contributions

General Information

A rollover is a way to move money or property from a Medical Savings Account (MSA), IRA (Individual retirement Account) or HSA. 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, IRA or HSA must be deposited into an HSA within 60 calendar days of receipt of those funds. 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 picked 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 roll over before you may take another distribution from the same HSA to roll over. The focus is on distributions out of an HSA. You are entitled to roll over 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.

Refer to IRS Rules, Publications, including IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, for more information and consult a tax professional or legal counsel. This publication is available from your local IRS office or on the IRS website at www.irs.gov.

Section 5: Signature

I certify that: (1) I am legally authorized to execute this transaction, (2) that all information provided by me is true and accurate, (3) no tax advice has been given to me by Forma; Thread Bank, or any of their respective affiliates, (4) all decisions regarding this HSA are my own. I expressly assume the responsibility for any adverse consequences and tax reporting requirements that may arise from this transaction and I agree that neither Forma; Thread Bank, nor any of their respective affiliates, shall be held liable for any adverse consequences that may result.

I understand that I may consult a tax professional or legal counsel. I acknowledge that I have read and understood the applicable terms and conditions.

Signature of HSA account holder

_____/_____/_____
Date