

Health Savings Account  
(HSA)

Financial Institution Name

Branch Name or Number

Institution ID # / Participant ID #

## INSTRUCTIONS FOR COMPLETING THE TRUSTEE-TO-TRUSTEE TRANSFER/ROLLOVER LETTER

*(Use this form when funds are being transferred to your institution)*

Use this form to complete the movement of assets directly between Trustees/Custodians without making a distribution to the Health Savings Account (HSA) owner.

**Do not use this form to complete a 60-day rollover.**

### STEP 1 - CURRENT (RESIGNING) TRUSTEE/CUSTODIAN INFORMATION

- Provide the name, address and phone number of the financial institution that currently holds the funds.

### STEP 2 - PARTICIPANT INFORMATION

- Provide the name and social security number of the Participant.

### STEP 3 - TIMING INSTRUCTIONS TO CURRENT TRUSTEE/CUSTODIAN

- Indicate whether this is a transfer of the entire FSA, HRA, HSA, MSA or IRA or a transfer of only a portion of the current account;
- Indicate when the transfer is to take place; when the investments (within the account) reach maturity or immediately;
- Indicate the type of transaction being completed.

### STEP 4 - VESTING AND MAILING INSTRUCTIONS TO CURRENT TRUSTEE/CUSTODIAN

- Provide the name, address and to whose attention the funds should be mailed to; *(this is the financial institution who is accepting the funds)*
- The check is being made out in the name of the Trustee **LT Trust Company (LT Trust)**, but the funds should be **mailed to**, and deposited into the HSA, at the **financial institution** listed in this section.

### STEP 5 - SIGNATURES

- Have the Participant sign and date the form;
- Have the representative of the financial institution accepting the funds sign and date the form.
- Mail a completed copy to LT Trust.

**Important Notice:** An individual can move funds from his/her IRA into an HSA once during his/her lifetime.

<b>Health Savings Account (HSA)</b>	Financial Institution Name
	Branch Name or Number
	Institution ID # / Participant ID #

# TRUSTEE-TO-TRUSTEE TRANSFER/ROLLOVER LETTER

**CURRENT TRUSTEE/CUSTODIAN INFORMATION**

Name of Current Custodian/Trustee \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Attention \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Participant \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTICE TO CURRENT TRUSTEE/CUSTODIAN**

You are directed to convert into cash the assets identified herein that you hold for the Participant and transfer these funds to the Successor Trustee in the manner described below under "Transfer Instructions". If funds are not currently held in a HSA or you require additional information in order to honor this request, please notify the financial institution indicated below immediately.

**Please transfer the following:** *(attach list of assets to be liquidated, if applicable)*

- All plan assets
- Partial assets from the above account: \$ \_\_\_\_\_

**Transfer timing:**

- At Maturity (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Immediately *(participant acknowledges potential early withdrawal penalty)*

<b>Indicate type of transaction:</b>	
<input type="checkbox"/> HSA to HSA	<input type="checkbox"/> FSA to HSA
<input type="checkbox"/> MSA to HSA	<input type="checkbox"/> HRA to HSA
<input type="checkbox"/> IRA to HSA (Lifetime limit of one transfer*)	

*\*An exception to the "one transfer during your lifetime" may apply if your coverage changes from self-coverage to family coverage during the year in which you make the transfer. Consult IRS Publication 969 and/or your tax advisor for details.*

Make the check payable as follows:  
 LT Trust Company Trustee FBO \_\_\_\_\_ *(insert Participant's name)*  
**THE CHECK IS MADE PAYABLE IN THE NAME OF THE TRUSTEE (LT TRUST COMPANY), BUT THE FUNDS MUST BE MAILED TO THE CUSTODIAN AT THE ADDRESS BELOW.**

**Mail the check to:**

Attention \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURES**

Participant Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Financial Institution Representative Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Letter of Acceptance** – To the prior custodian/trustee of the account designated for transfer:  
 Please be advised that LT Trust Company does hereby accept appointment as the successor trustee when this form has been accurately completed in full and signed by the participant and by the custodian of funds.