The HSA Authority™
TOWERbank

HSA Rollover (MSA to HSA) Request

Fax: 260.427.7185

Mailing Address: The HSA Authority, Attn: Processing Center, P.O. Box 11454, Fort Wayne, Indiana 46858

Instructions:
1. Open your new Health Savings Account with Tower Bank.
2. Fill out this form and sign at the bottom.
3. Send form to Tower Bank for processing.

A ACCOUNT HOLDER

Name (First) (Middle) (Last)			Social Security #
Street Address	City	State	Zip Code
Date of Birth (MM-DD-YEAR)	Home Phone (Area Code First)	Business Phone (Area Code First)	

ROLLOVER REQUEST

I authorize and direct you, the Custodian/Trustee, to send as a rollover of assets indicated in Section C below to Tower Bank at the address listed. (Attach a copy of the most recent statement of the account you are transferring.)

B

Present Custodian/Trustee's Name	Account #	Phone (Area Code First)	
Street Address	City	State	Zip Code

PAYMENT INFORMATION

C

Tower Health Savings Account Number: _____

Payment Schedule:
- ☐ Immediately liquidate all assets and send cash proceeds
- ☐ Liquidate assets in the amount of $ _____

Payment Method: I authorize and direct you to send my MSA funds to Tower Bank as follows:

Please make check payable to: Tower Bank HSA Custodian for the benefit of: _____

Please send check to: Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, IN 46858

ELIGIBILITY

D

Questions: (To meet IRC eligibility codes, all must be answered no.)

Has more than 60 days elapsed since you received distribution?	☐ Yes	☐ No
Did you receive any other distributions in the past 12 months?	☐ Yes	☐ No
Have these assets been rolled over in the past 12 months?	☐ Yes	☐ No

SIGNATURES

I certify that I have or will establish a Health Savings Account with Tower Bank. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all rollovers and I agree to indemnify and to hold the Custodian harmless against any and all situations arising from an ineligible rollover. I acknowledge that the Custodian cannot provide tax advice and I agree to consult with my own tax professional for advice.

_____
Signature of HSA Owner Date

Tower Bank as Custodian agrees to accept these funds as a rollover.

_____
Signature of HSA Custodian Date

MEMBER FDIC