



Address for Return Mail:

Bank of Ann Arbor
HSA Processing
801 W. Ellsworth Rd.
Ann Arbor, MI 48108

734-662-1600 * Fax 734-662-1059 * Website: boaa.com

HSA ROLLOVER REQUEST

GENERAL INFORMATION

Name		Soc. Sec. #	
Street Address	City	State	Zip
Date of Birth	Daytime Phone #	Home Phone #	

ROLLOVER REQUEST

I AUTHORIZE AND DIRECT YOU, THE Custodian/Trustee, to send as a rollover of assets indicated in Section 3 below to the Custodian/Trustee named on the upper left corner of this form. **(Attach a copy of the most recent statement of the account you are transferring.)**

Present Custodian/Trustee's Name		Account #	Phone #	
Street Address	City	State	Zip	

PAYMENT INFORMATION

Rollover I have a check issued by MSA/HSA Custodian/Trustee in the amount of \$ _____, and I wish to rollover these assets to Bank of Ann Arbor.

Questions: (To meet IRS eligibility codes all must be answered no)

Has more than 60 Days elapsed since I 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 an account with the Custodian/Trustee named above. 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/Trustee harmless against any and all situations arising from an ineligible rollover. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional for advice.

The Custodian/Trustee agrees to accept these funds as a rollover.

Signature of HSA/MSA Owner Date

Signature of Custodian/Trustee Date