



**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