



Health Savings Account (HSA) Transfer to UMB from Other Trustee						
Enter Your New UMB Health Savings Account Numb	oer (17-digit number found on your H	SA statement - if ava	ailable)			
7 0 7 4 3 2 5						
Instructions for Health Savings Account owner As the Account Owner you are required to complete sections A. 1. Ensure you have opened an HSA at UMB to allow your HSA 2. Make sure to include your Phone Number in Section A. It may up questions. 3. In section B you must select only one of the three transfer ty 4. Make sure to include your Account Number in section C. You quicker if they have this critical piece of information. 5. After reading the entire form and reviewing each of the boxe 6. Mail this Trustee Transfer Form to your current Trustee/Cust	a dollars to be transferred to your new accomply be necessary for your current Trustee/Comples. Trustee/Custodian will be able to see to make sure all information is correct; significant to the second sec	ustodian or UMB to con process your HSA fund gn and date the form in	ds transfer to UMB the space provided.			
A. Individual HSA Owner						
FIRST NAME MI LA	AST NAME	SOCIAL SECURITY NUM	BER			
STREET ADDRESS (NO POST OFFICE BOX)		PHONE (DAY)				
PO BOX, APARTMENT OR LOT # CITY		STATE	ZIP			
B. Type of Transfer						
Select one: HSA to HSA (Tran Code XXXX) (I currently have an HSA with a UMB Bank, n.a. I understand that transfers to UMB must be other securities. I understand I must liquidate my investmental Indicate amount to be transferred: Entire Account Balance and close my account Specific Dollar Amount \$ and do dollars including any investment funds in my MSA transferring IRA to HSA. (Tran Code XXXX) Amount of Requested Distribution distribution from an IRA into an HSA. I understand (a) the maximum deductible contribution I am allowed to make to the continue to be covered by a high deductible health plan (HI and (c) the transfer from my IRA must be a direct trustee-to the transfer, the funds transferred will be treated as taxable from Traditional or Roth IRAs qualify for this tax treatment.)	e in cash equivalents; UMB does not accept the prior to sending in this form.) not close my account le xxxx) (I currently have an MSA with anothed to my HSA at UMB Bank, n.a.) on: \$	ner Trustee or Custodia nee in a lifetime, qualifie ross income by reason ividual or family) that I is 12 months after the tra ligible to hold an HSA f	n and want all ed HSA funding of the transfer is the nave; (b) I must ansfer from my IRA; or 12 months after			
C. Current Trustee or Custodian - Send completed to	form to address in this section					
INSTITUTION NAME		HSA/IRA ACCOUNT #				
STREET ADDRESS		PHONE				
ADDRESS LINE 2	CITY	STATE	ZIP			

continued on next page

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Health Savings Account (HSA)

Transfer to UMB from Other Trustee

UMB Bank, n.a. has agreed to serve as Custodian of a Health Savings Account (within the meaning of IRC Section 223) for the individual HSA Owner identified above, and is willing to accept HSA, MSA or IRA dollars that the current trustee or custodian holds in accordance with the following instructions.

The Account Owner, by his or her signature below, hereby directs the current trustee or custodian to close the HSA or MSA presently maintained with the current trustee or custodian, or, in the case of a transfer from an IRA, to transfer the amount of the requested distribution set forth above from the IRA account presently maintained with such trustee or custodian, and to transfer the dollars, after deduction of any necessary fees and expenses, to UMB Bank, n.a. at the address set forth below. Transfers to UMB must be in cash equivalents; UMB does not accept "in-kind" transfers of mutual funds and/or other securities.

When HSA, MSA or IRA dollars constituting a qualified HSA funding distribution are transferred directly from one trustee or custodian to another qualified trustee or custodian, the transfer is without federal income tax consequences to the Account Owner. If instead of making a transfer directly to a new custodian, the Account Owner receives a distribution from an HSA or MSA by the current trustee, the Account Owner may make a tax-free rollover contribution of all or part of the assets received to his or her HSA at UMB Bank, n.a., provided that the rollover is completed within 60 days of the date the Account Owner receives the distribution. Federal law allows only one rollover during any 12-month period.

I certify that the information contained on this form is true and correct. I direct the current custodian/trustee identified above to transfer all my HSA/Archer MSA assets, or in the case of an IRA transfer, the amount requested above, to UMB Bank, n.a. asset forth in this form. I understand that I am responsible for the tax consequences of this action and I will not seek to hold the current trustee or custodian or UMB Bank, n.a. responsible for such tax consequences. I indemnify and agree to hold the current custodian/trustee harmless against any liabilities for following these instructions. UMB Bank, n.a. shall accept the transferred funds as a transfer to the HSA of the Account Owner.

the Account Owner.				
ACCOUNT OWNER X Signature			Date	
Instructions for Transferring Institution to submit this form for processing				
instructions for transferring instruction to submit this form for processing				
Make check payable to: UMB Bank, n.a. as HSA Custodian for				
Legal name of account owner			wner	
		ŭ.		
In manner existing of check include least 4 of CCN				
In memo section of check include last 4 of SSN.				
Mail this form with check to:	ELEVATE HCS			
	DO DOV OTFOR			
	PO BOX 875050,			
	KANSAS CITY,			
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	MO 64187-5050			

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