

IRA ACCOUNT OWNER'S NAME AND ADDRESS			CURRENT TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Last Name _____ First Name _____ Middle Initial _____ Street Address _____ City _____ State _____ Zip Code _____ Email Address _____			_____ _____ _____		
			TRUSTEE or CUSTODIAN'S PHONE NUMBER		
Social Security No.	Daytime Phone	Evening Phone	CURRENT ACCOUNT IDENTIFICATION & TYPE		
			<input type="checkbox"/> IRA Account # _____		
TRANSFER INSTRUCTIONS					
This transfer will be into an HSA. Directly transfer: <input type="checkbox"/> all or <input type="checkbox"/> part of the account identified above in the following manner _____ SelectAccount _____ as Custodian of the _____ account for tax year _____. <small>(Account Holder's Name)</small> This transfer: <input type="checkbox"/> will <input type="checkbox"/> will not close the account. An IRA rollover to a HSA is a one-time tax free distribution. The "roll-over" counts as a contribution and cannot exceed the HSA contribution limit for the tax year.					
ASSET LIQUIDATION INSTRUCTIONS					
Description	Total Quantity	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF IRA ACCOUNT HOLDER			ACCEPTING ACCOUNT TRUSTEE OR CUSTODIAN		
I authorize the transfer of the account assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by SelectAccount. _____ <small>Signature of IRA Account Holder</small> <small>Date</small>			We agree to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred. Account Identification of Accepting Account _____ SelectAccount Attn: HSA Administration P.O. Box 64193 St. Paul, MN 55164-0193 Fax: (651)662-7247 / 1-866-231-0214		
SIGNATURE OF HSA ACCOUNT HOLDER			_____ <small>Authorized Signature of New Custodian</small> <small>Date</small>		
I understand I am limited to one IRA to HSA trustee rollover and certify I have not made another rollover. _____ <small>Signature of HSA Account Holder</small> <small>Date</small>					

Please note some carriers or fund providers may require notarization or a medallion signature guarantee. To avoid any delays, please check with your IRA administrator to verify its requirement before submission and whether a signature guarantee is required. The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations that participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee.

Medallion Signature Guarantee Stamp and Signature _____