

**ONE-TIME SPECIAL TRANSFER TO AN HSA**

Current Trustee or Custodian: \_\_\_\_\_ Account Number \_\_\_\_\_  
Participant: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ONE-TIME TRANSFER FROM AN FSA OR HRA**

- The undersigned hereby elects a one-time transfer from an FSA or HRA to an HSA and certifies that the following statements are true and correct.
  1. This one-time transfer from an FSA and HRA qualifies as a Qualified HSA Distribution.
  2. I have not previously completed a Qualified HSA Distribution from an FSA or HRA.
  3. I understand that this Qualified HSA Distribution is treated as a rollover contribution and will not reduce my regular HSA contribution limit for the year.
  4. The maximum amount eligible to be transferred does not exceed the lesser of (a) the balance in the FSA or HRA on September 21, 2006; or (2) the balance in the FSA or HRA on the date of the transfer.
  5. This one-time transfer is being completed on or before December 31, 2011.
- The undersigned acknowledges and understands the following information:
  1. The amount transferred from the FSA or HRA to the HSA must be made directly by the employer to the trustee or custodian of the HSA.
  2. If the undersigned HSA-eligible individual ceases to be an HSA-individual at any time during the testing period, the amount transferred will be taxed and subject to an additional 10% income tax for the year the undersigned ceases to be HSA-eligible. This taxation does not apply if the individual becomes disabled or dies. For this purpose, the testing period begins with the month in which the Qualified HSA Distribution is transferred to the HSA and ends on the last day of the 12<sup>th</sup> month following such month.
  3. The amount transferred is not deductible as an HSA contribution made by the individual.

**ONE-TIME TRANSFER FROM AN IRA**

- The undersigned hereby elects a one-time transfer from an IRA to an HSA and certifies that the following statements are true and correct.
  1. The one-time transfer from an IRA to an HSA qualifies as a Qualified HSA Funding Distribution.
  2. I have not previously completed a Qualified HSA Funding Distribution from an IRA to an HSA.
  3. I understand that this Qualified HSA Funding Distribution is treated as a regular HSA contribution and I certify that the amount of this transfer does not exceed the current year's HSA contribution limit.
  4. I certify that this Qualified HSA Funding Distribution is not being made from a SEP IRA or SIMPLE IRA.
- The undersigned acknowledges and understands the following information:
  1. The amount transferred from the IRA to the HSA must be made directly by the trustee or custodian of the IRA to the trustee or custodian of the HSA.
  2. If the undersigned HSA-eligible individual ceases to be an HSA-individual at any time during the testing period, the amount transferred will be taxed and subject to an additional 10% income tax for the year the undersigned ceases to be HSA-eligible. This taxation does not apply if the individual becomes disabled or dies. For this purpose, the testing period begins with the month in which the Qualified HSA Funding Distribution is transferred to the HSA and ends on the last day of the 12<sup>th</sup> month following such month.
  3. The amount transferred is not deductible as an HSA contribution made by the individual because the amount transferred from the IRA is not considered a taxable distribution.

**TRANSFER INSTRUCTIONS**

1. Make check payable to Stock Yards Bank & Trust Company as the Trustee for: \_\_\_\_\_ HSA.  
(Participant's Name and Account Number)
2. Amount to be transferred: \$ \_\_\_\_\_ (not to exceed maximum annual HSA contribution limit including catch-up contribution)
3. Delivery instructions – Mail check to: Stock Yards Bank & Trust Company IRA/HSA Dept.  
P.O. Box 32890, Louisville, Ky 40232-2890  
Phone: 502-625-2449

**SIGNATURES AND ACCEPTANCE**

I certify that the above information is correct and that I qualify for either the Qualified HSA Distribution or Qualified HSA Funding Distribution as described above. I certify that no tax advice has been given to me by the Trustee or Custodian and that all decisions regarding this transaction are my own. I expressly assume the responsibility for any adverse tax consequences that may arise from this transaction or the failure to remain an HSA-eligible individual throughout the testing period applicable to these transfers and I agree that the Trustee or Custodian shall in no way be responsible for those consequences. The Trustee or Custodian has recommended that I consult with my own tax advisor or the IRS regarding this transfer.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**Accepting Organization:** Our organization agrees to serve as the Trustee or Custodian for the HSA of the above-named eligible individual, and as Trustee or Custodian, we agree to accept the assets being transferred.

New Trustee: Stock Yards Bank and Trust Company  
Attn: IRA Dept  
P.O. Box 32890  
Louisville, Ky 40232-2890

EIN# 61-0354170

Authorized Signature for Accepting Organization: \_\_\_\_\_ Date \_\_\_\_\_