10275 W. Higgins Road, Suite 500
Rosemont, IL 60018
888-FLEXHSA - Phone
847-440-9063 - Fax
flexhsa@flexiblebenefit.com - Email
www.flexhsa.com

TRANSFER/ ROLLOVER AUTHORIZATION (*For HSAs, MSAs and IRAs*)

A ACCOUNT INFORMATION

Present Trustee/Custodian: _____

Present Trustee/Custodian Address: _____

City: _____ State: _____ Zip: _____

Trustee/Custodian Account No.: _____ Trustee/Custodian Phone No.: _____

Your Name: _____

Your Social Security No.: _____ Your Phone No.: _____

Please complete Section B and/or Section C below.

B ROLLOVER TO HSA

To request a rollover to an HSA, please review the details for each type of rollover, check the appropriate box and provide the dollar amount of the rollover. These rollovers do not count toward your maximum annual contribution limit.

☐ **Rollover from a Health Savings Account "HSA" (Indirect)** - This is an indirect rollover where all or part of the distribution is rolled over not later than 60 calendar days after you take or receive the distribution in order to retain the tax-free status of the transaction. Only one rollover is allowed per 12-month period.
Amount of check: _____

☐ **Rollover from a Medical Savings Account "MSA" (Indirect)** - This is an indirect rollover where all or part of the distribution is rolled over not later than 60 calendar days after you take or receive the distribution in order to retain the tax-free status of the transaction.
Amount of check: $ _____

C TRANSFER TO HSA

PLEASE NOTE: A complete copy of an account statement with your current Trustee / Custodian MUST be attached before any transfer can be completed. Upon receipt, this form will be forwarded to said Trustee / Custodian for transfer of assets.

To request a transfer to your HSA, please review the details for each type of transfer, check the appropriate box and provide the dollar amount of the transfer.

☐ **Transfer from an HSA to an HSA** - This is a direct tax-free transfer and does not count toward your maximum annual contribution limit. (*Please select one option:*)

- ☐ Transfer entire account IN-KIND. (*Assets will be re-registered and money market funds transferred in cash.)*
- ☐ Liquidate all assets and transfer in cash. Estimated amount: $ _____
  (*Account holder must instruct present Trustee / Custodian to liquidate all assets prior to submitting this form.)*

☐ **Transfer from an MSA to an HSA** - This is a direct tax-free transfer and does not count toward your maximum annual contribution limit. (*Please select one option:*)

- ☐ Transfer entire account IN-KIND. (*Assets will be re-registered and money market funds transferred in cash.)*
- ☐ Liquidate all assets and transfer in cash. Estimated amount: $ _____
  (*Account holder must instruct present Trustee / Custodian to liquidate all assets prior to submitting this form.)*

☐ **Transfer from an IRA to an HSA** - This is a once in a lifetime direct tax-free transfer from your IRA custodian or trustee. This transfer counts as a contribution toward your annual HSA contribution limit and may not exceed that limit.

Estimated amount (*The transfer must be made in cash*): $ Contribution Year:
(*Account holder must instruct present Trustee / Custodian to liquidate all assets prior to submitting this form.)*

Please continue to page two to complete authorization.

D CLIENT ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge that the assets listed above are held in an IRA/MSA/HSA established and administered under an IRS approved master or prototype plan and that said IRA/MSA/HSA meets the qualifications of the Internal Revenue Code. I understand that Millennium reserves the right to review all assets being transferred/rolled over prior to final acceptance as successor custodian. To expedite the transfer/rollover, I have provided Millennium with complete information, and I will check with my current Trustee to determine when the transfer/rollover will be processed.

Client Signature

Date: _____

Please check with your current Trustee/Custodian to determine if a Medallion Signature Guarantee is required.

[Medallion Signature Guarantee Stamp Here]

A Medallion Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a signature guarantee.

This form will be sent to your current Custodian by regular U.S. Mail unless overnight delivery is requested.

- ☐ Yes, I authorize Millennium to send by overnight delivery (*A $25 fee will be charged to your account*).

E DELIVERY INSTRUCTIONS - TO BE COMPLETED BY MILLENNIUM TRUST AS CUSTODIAN

All DTC-Eligible

Marshall & Ilsley Bank
Participant #992
Millennium Trust Co., LLC #74-1005-00-3
F/C: (*Enter HSA Account Number Here*)

Book-Entry / Bonds

ABA #075000051
Reference A/C Number: MARSHALL MILW/1050
Reference Name: Marshall & Ilsley Trust Co. NA.
F/B/O Millennium Trust Co., LLC #74-1005-00-3
F/C: (*Enter HSA Account Number Here*)

Fed-Wires

Bank Name: Northern Trust
Bank ABA or Transfer No.: 071000152
Account Number: 35099989
Account Title: Millennium Trust Company as Custodian
for HSA Client Accounts

Mutual Funds Transfers

Do not establish FBO Account (*To be completed by MTC*)

Client Name: _____

Date: _____

Acct No.: _____

Description of Asset: _____

# of shares / All: _____

Fund Acct #: _____

Checks

FlexHSA
FBO: (Account Holder Name and Account Number)
10275 W. Higgins Road, Suite 500
Rosemont, IL 60018