



Health Savings Account (HSA) Rollover Review

HSA OWNER INFORMATION

Name _____ HSA Account Number _____

Address _____ City _____ State _____ Zip _____

Social Security Number (SSN) _____ Date of Birth _____

Daytime Phone Number _____ Email Address (optional) _____

ROLLOVER ELIGIBILITY REVIEW

Complete A or B

- If "No" is checked, a rollover generally cannot occur
- If you received a distribution of property, the rules require that the same property, or the proceeds of the sale of such property, be rolled over.

A. Rollover from an HSA to an HSA

YES NO

I am completing this rollover within 60 days of receiving my distribution

This is my only distribution from the same HSA, or of the same assets, rolled over in the previous 12 months

B. Rollover from an Archer Medical Savings Account (MSA) to an HSA

YES NO

I am completing this rollover within 60 days of receiving my distribution

This is my only distribution from the same Archer MSA, or of the same assets, rolled over in the previous 12 months

SIGNATURES

I verify that the information contained on this form is true and correct to the best of my knowledge. I further understand that decisions regarding rollovers have important tax consequences, and I have been advised to seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this rollover decision.

X	X		
Signature of HSA Owner/Beneficiary	Date	First Horizon Msaver Representative Signature	Date

In the event that you receive a Rollover Distribution, please complete this form and submit along with a check for the amount of the Rollover to:

First Horizon Msaver
P.O. Box 26106
Shawnee Mission, KS 66225

Please call 1-866-889-8583 with any questions.