

IRA to HSA

Internal Transfer Form

Use this form for a one-time transfer from an IRA to a Health Savings Account (HSA) internally held at Quest Trust Company (QTC). The HSA must be established prior to completing this form and the account holder must be eligible to make current year HSA contributions. The IRA to HSA transfer is reported in the tax year in which it is made on Form 5498. This one-time transfer is generally not considered as income and is not subject to an early withdrawal penalty. The amount transferred cannot exceed the maximum annual HSA contribution for the tax year and such transactions reduce any regular annual contributions to the HSA for the year.

A ACCOUNT HOLDER INFORMATION

Name as it appears on Account:	Account Number:
I am transferring FROM the following type of plan: (check one box)	
<input type="radio"/> Traditional IRA	<input type="radio"/> SEP IRA
<input type="radio"/> SIMPLE IRA	<input type="radio"/> Beneficiary IRA

B QUEST TRUST COMPANY ACCOUNT TO TRANSFER TO:

Name as it appears on Account:	HSA Account Number:
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C TYPE OF TRANSFER

Please select either (1) a complete transfer or (2) a partial transfer: (check one box)

<input type="radio"/> COMPLETE TRANSFER:	<input type="radio"/> PARTIAL TRANSFER:
A complete transfer will move all your cash to QTC HSA and close your current account. Transfer cannot exceed annual contribution to HSA.	<input type="radio"/> CASH - Please send: <input type="radio"/> All available cash or <input type="radio"/> Specific amount \$ _____

D SIGNATURE

I hereby authorize this transfer and instruct Quest Trust Company, as my custodian, to transfer the cash in my account as indicated above. I understand that a once in a lifetime transfer from an IRA to an HSA will be reported to the IRS. I further certify that Quest Trust Company has given no tax advice to me and that all decisions regarding this transfer are my own. I expressly assume the full responsibility of determining the taxable amount of this transfer, for determining whether this distribution is a qualified distribution, and for any adverse consequences, which may arise from this withdrawal. I agree that Quest Trust Company shall in no way be responsible for those consequences.

Client Signature: _____ Date: _____