

# HSA Transfer Request Form

To request an HSA Transfer or Rollover from prior custodian to Summit HSA, please complete this form and submit it to:

DataPath Financial Services, Inc.  
 c/o National Advisors Trust of South Dakota, Inc.  
 PO Box 55068  
 Little Rock, AR 72215

Fax: 501-687-1409  
 Email: fiops@dpath.com

**Part 1: Account Owner Information (Please Print)**

Please check here if this is a new mailing or email address

Name (Please Print) \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Mother's Maiden Name (Security Purposes Only) \_\_\_\_\_

**Part 2: Type of Request**

Trustee to Trustee Transfer: I currently have a Health Savings Account or Medical Savings Account with another Trustee or Custodian and want to transfer the funds directly to National Advisors Trust. (Proceed to Part III)

HSA Rollover: I have been issued a final distribution in the amount of \$\_\_\_\_\_ and closed my HSA or MSA. I would like to rollover the funds to establish an HSA with National Advisors Trust.

1. I want to send my rollover funds via:

EFT Draft from my personal bank account at this financial institution:

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type  Checking  Savings

Check – mail check to: DataPath Financial Services (Answer the Rollover Qualification Questions below and then proceed to Part IV.)  
 PO Box 55068  
 Little Rock, AR 72215

**Rollover Qualification Questions:**

(For an eligible rollover, all questions must be answered "NO")

2. Have more than 60 days elapsed since you received the distribution from the distributing MSA or HSA bank?

Yes  No

3. Did you receive any other distributions from the distributing MSA/HSA during the preceding 12 months, which you also rolled over?

Yes  No

**Part 3: Transfer Information**

(Skip this section if you are completing an HSA rollover and have included a check for the rollover or requested we draft your personal account.)

This request is for a Trustee-to-Trustee transfer. The funds currently in a Health Savings Account (HSA) or Medical Savings Account (MSA) with another Trustee or Custodian are to be directly transferred to National Advisors Trust Company, FSB.

Current MSA/HSA Trustee/Custodian Information:

Institution Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MSA/HSA Account Number Being Transferred FROM \_\_\_\_\_

Transfer Instructions:

I \_\_\_\_\_, authorize \_\_\_\_\_ (current custodian) to directly transfer

ALL or  PART of my account in the following manner

If partial transfer, list amount \$\_\_\_\_\_.

Previous Custodian Transfer funds to New Custodian via ACH to an account provided by DataPath Financial Services. *Please call 888-665-1264 to receive the account information.*

Amount to transfer:  Full Balance  Partial Balance – Amount \$ \_\_\_\_\_

This Transfer  Will  Will Not close my account.

Check payable to "DataPath Financial Services" for the above account mailed to: DataPath Financial Services, Inc  
c/o National Advisors Trust of South Dakota, Inc.  
Health Savings Account Department  
PO Box 55068  
Little Rock, AR 72215

Part 4: Account Owner Signature

(Sign Here for Trustee to Trustee Transfer)

I authorize the transfer of the HSA or MSA assets in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian.

Employee/Account Owner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Rules and Conditions Applicable To Rollover

**General Information**

A rollover is a way to move money or property from a Medical Savings Account (MSA) or existing Health Savings Account (HSA) to a Health Savings Account. The Internal Revenue Code (IRC) Limits how many rollovers may be taken, how quickly rollovers must be completed, and how the Trustee or Custodian must report the transaction. By properly completing this form you are certifying to the Trustee or Custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover.

**Rollover**

**1. Timelines**

The funds you receive from a MSA or HSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. There are generally no exceptions to the 60-day rule and the IRS cannot grant extensions. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.

**2. Twelve-Month Restriction**

You are entitled to one distribution per year per HSA which may be rolled over. Twelve (12) months must pass after receipt of one distribution which you rollover before you may take another distribution from the same HSA to rollover. The focus is on distributions out of an HSA. An HSA is created by executing a plan agreement, not by depositing a contribution into a separate investment with an existing MSA or HSA.

You are entitled to rollover the same assets only once in a twelve (12) month period. Twelve (12) months must elapse between the time you receive a distribution of the assets to be rolled over and the time you receive another distribution of those same assets for rollover purposes.

**For Internal Use Only: Accepting HSA Custodian**

Our organization agrees 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.

National Advisors Trust of South Dakota, Inc.  
PO Box 55068  
Little Rock, AR 72215  
Voice: 888-665-1264  
Fax: 501-687-1409  
Email: fiops@dpath.com

Authorized Signature of New Custodian \_\_\_\_\_ Date \_\_\_\_\_