



Health Savings Account (HSA)

Transfer to UMB from	Other '	Trustee		
Enter Your New UMB Health Savings A	ccount Num	ber (17-digit number found	d on your HSA statemer	nt - if available)
7 2 5 7 5 2 7				
As the Account Owner you are required to cord. Ensure you have opened an HSA at UMB-A Make sure to include your Phone Number in you with follow-up questions. In section B you must select only one of the Make sure to include your Account Number transfer to UMB quicker if they have this crical After reading the entire form and reviewing space provided. Mail this Trustee Transfer Form to your cur	mplete section legeus to allo n Section A. It e three transfe in section C. Y tical piece of it each of the b	w your HSA dollars to be to may be necessary for your retypes. Your current Trustee/Custon formation. oxes to make sure all information.	current Trustee/Custod dian will be able to proc nation is correct; sign ar	ess your HSA funds
A. Individual HSA Owner FIRST NAME	MI LAST N	NAME	FULL SOCIAL SECU	DITY
THOT WATE	I'll LAST I	VAPIL	TOLE SOCIAL SECO	IXI I
STREET ADDRESS (NO POST OFFICE BOX)	<u> </u>		PHONE (DAY)	
PO BOX, APARTMENT OR LOT #	CITY		STATE	ZIP
B. Type of Transfer				
Select one: HSA to HSA (Trans 208) (I currently have a investment funds, transferred to my HSA a does not accept "in-kind" transfers of mutilindicate amount to be transferred: Entire Account Balance and close my Specific Dollar Amount \$	at UMB Bank, r ual funds and/ account	n.a. I understand that transfor other securities.)	ers to UMB must be in c	ash equivalents; UMB
Archer Medical Savings Account (MSA) to all dollars including any investment funds in IRA to HSA. (Trans 210) Amount of Requestistribution from an IRA into an HSA. I und the transfer is the maximum deductible cofamily) that I have; (b) I must continue to be for 12 months after the transfer from my IR continue to be eligible to hold an HSA for 1 be subject to a 10 percent additional tax. I	n my MSA training trad Distribution erstand (a) the ntribution I ambe covered by a A; and (c) the 2 months afte	nsferred to my HSA at UME on: \$ e maximum amount to be en allowed to make to the HS a high deductible health pla transfer from my IRA must r the transfer, the funds tran	B Bank, n.a.) (I am allowed a one-timexcluded from my gross of the type of the type of the type) and remain elements a direct trustee-to-trusferred will be treated a	e, qualified HSA funding income by reason of coverage (individual or igible to hold an HSA rustee transfer. If I do not as taxable income and may
C. Current Trustee or Custodian - Send	completed t	form to address below		
INSTITUTION NAME			HSA/IRA ACCOUNT	#
STREET ADDRESS			PHONE	
ADDRESS LINE 2		CITY	STATE	ZIP

continued on next page





Health Savings Account (HSA)

Transfer to UMB from Other Trustee

UMB Bank, n.a. has agreed to serve as Custodian of a Health Savings Account (within the meaning of IRC Section 223) for the individual HSA Owner identified above, and is willing to accept HSA, MSA or IRA dollars that the current trustee or custodian holds in accordance with the following instructions.

The Account Owner, by his or her signature below, hereby directs the current trustee or custodian to close the HSA or MSA presently maintained with the current trustee or custodian, or, in the case of a transfer from an IRA, to transfer the amount of the requested distribution set forth above from the IRA account presently maintained with such trustee or custodian, and to transfer the dollars, after deduction of any necessary fees and expenses, to UMB Bank, n.a. at the address set forth below. Transfers to UMB must be in cash equivalents; UMB does not accept "in-kind" transfers of mutual funds and/or other securities.

When HSA, MSA or IRA dollars constituting a qualified HSA funding distribution are transferred directly from one trustee or custodian to another qualified trustee or custodian, the transfer is without federal income tax consequences to the Account Owner. If instead of making a transfer directly to a new custodian, the Account Owner receives a distribution from an HSA or MSA by the current trustee, the Account Owner may make a tax-free rollover contribution of all or part of the assets received to his or her HSA at UMB Bank, n.a., provided that the rollover is completed within 60 days of the date the Account Owner receives the distribution. Federal law allows only one rollover during any 12-month period.

I certify that the information contained on this form is true and correct. I direct the current custodian/trustee identified above to transfer all my HSA/Archer MSA assets, or in the case of an IRA transfer, the amount requested above, to UMB Bank, n.a. asset forth in this form. I understand that I am responsible for the tax consequences of this action and I will not seek to hold the current trustee or custodian or UMB Bank, n.a. responsible for such tax consequences. I indemnify and agree to hold the current custodian/trustee harmless against any liabilities for following these instructions. UMB Bank, n.a. shall accept the transferred funds as a transfer to the HSA of the Account Owner.

Signature of Associat Owner	x	Date			
Signature of Account Owner	^	Date			
Instructions for Transferring Institution to submit this form for processing					
Make check payable to: UMB Bank, n.a. as HSA Custodian for					
	Legal name of accour	nt owner			
In memo section of check include last 4 of SSN.					
Mail this form with check to:	UMB Bank Contributions				
	P.O. Box 874264				
	Kansas City, MO 64187-4264				