



Instructions: Return completed form with a check to Avidia Bank, P.O. Box 370, Hudson MA 01749. For assistance call 855.248.6311, or send an email to HSAinfo@avidiabank.com

Account Holder Information:

Form with fields for First Name, MI, Last Name, Street Address, City, State, Zip Code, Address Line 2, Social Security #, Phone #, Email Address, and Avidia Bank HSA Account Number.

Request Type:

I currently have an HSA or MSA with another Trustee/Custodian and have been issued a check in the amount of \$_____ and closed my HSA or MSA. I would like to roll over the funds into my existing HSA with Avidia Bank.

Rollover Requirements (To be an eligible rollover, all questions must be answered NO):

Three questions with Yes/No checkboxes: 'Have more than 60 days elapsed since you received the distribution from your former custodial bank?', 'Have you made a rollover contribution to an HSA during the preceding 12 months?', and 'Does your rollover contribution consist of assets other than those distributed from your former HSA?'.

Rollover Rules and Conditions:

General Information

A rollover is a way to move money or property from a Medical Savings Account (MSA) or HSA. 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.

Rollover

1. Timelines - The fund you receive from the distributing 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.

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 roll over before you may take another distribution from the same HSA to roll over.

You are entitled to roll over 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.

Customer Instructions:

Mail a check (payable to Avidia Bank) along with this form to: Avidia Bank, P.O. Box 370, Hudson MA 01749.

Account Holder Authorization:

I have read and understand the rollover rules and conditions of this form and I have met the requirements for making an HSA rollover. Due to the important tax consequences of rolling over assets to an HSA, I have been advised to seek a tax professional. All information provided by me is true and correct and may be relied on by the Custodian. I assume full responsibility for this rollover transaction and will not hold the Custodian liable for any adverse consequences that may result.

Name _____ Date _____

