



HEALTH SAVINGS ACCOUNT TRANSFER/ROLLOVER REQUEST FORM

409 Silverside Road, Suite 105
Wilmington, DE 19809

To request an HSA transfer or rollover, complete this request form and send it to: **The Bancorp, Attn: HSA Department, 409 Silverside Road, Suite 105, Wilmington, DE 19809.** You may also fax this form to 302.791.5798 or email to depositresearch@thebancorp.com.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each customer who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents. This information will be verified to ensure the identity of all persons opening an account. In certain instances, we are required to collect documents to fulfill our legal obligations. Documents provided in connection with your application will be used solely to establish and verify your identity, and we shall have no obligation with respect to the terms of any such document.

PART 1: Account Holder Information - Please Print			
Customer Name:		Social Security Number:	
Address:		City:	State:
Home Phone:	Work Phone:	The Bancorp HSA Number: (if already opened)	Date of Birth: (mm/dd/yyyy)
		Zip:	Branch Number:

PART 2: Request Type	
<input type="checkbox"/> Trustee to Trustee Transfer:	I currently have a Health Savings Account with another Trustee or Custodian and want to transfer the funds directly to my HSA at The Bancorp. (Proceed to Part 3.)
<input type="checkbox"/> Direct MSA to HSA Transfer:	I currently have an MSA with another trustee and would like to directly transfer the funds to my HSA at The Bancorp. (Proceed to Part 3.)
<input type="checkbox"/> HSA/MSA Rollover:	I have been issued a check in the amount of \$_____ and closed my HSA/ MSA. I would like to roll over the funds to my HSA at The Bancorp. (Proceed to Part 4 - Please attach a check payable to The Bancorp when submitting this form.)

PART 3: Transfer Information and Signature			
Institution Name:		Phone Number:	
Address:		City:	State:
Current MSA/HSA Account Number:		Zip:	

Transfer Instructions

Directly transfer: ALL or PART of my account in the following manner. If partial transfer list amount \$_____.
This transfer WILL WILL NOT close my account.

Sign Here for Trustee to Trustee Transfer

I authorize the transfer of the HSA 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.

Account Holder - Signature Required:	Date: (mm/dd/yyyy)
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PART 4: Rollover Information and Signature

RULES AND CONDITIONS APPLICABLE TO ROLLOVER

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.

- 1. Timelines** - The funds you receive from an 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 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. 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.

Account Holder - Signature Required:	Date: (mm/dd/yyyy)
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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.

The Bancorp, Attn: HSA Department, 409 Silverside Road, Suite 105, Wilmington, DE 19809

Authorized Signature of New Custodian:	Date: (mm/dd/yyyy)
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