

HEALTH SAVINGS ACCOUNT TRANSFER REQUEST FORM

Complete this form to request your previous trustee/custodian to transfer all or a portion of assets from another HSA, Archer MSA, or IRA into your Associated Bank Health Savings Account (HSA). Transfers may take up to 3-6 weeks depending on your previous trustee/custodian's processing time.

1. Complete the information below. Be sure to provide all information requested on this form. If the form is incomplete, we will not be able to process your request.
2. Forward completed form and submit copies of the necessary documentation to your prior administration.

*Required Fields

Account Holder Information

<input type="text"/>		<input type="text"/>	
*Account Holder Name (First, MI, Last)		*Employer Name (if employer sponsored)	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Birth Date (MM/DD/YYYY)	*Social Security Number		
<input type="text"/>			
*Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*City	*State	*ZIP Code	
<input type="text"/>	<input type="text"/>		
*Email Address	*Day Telephone		

Transferring Trustee/Custodian

<input type="text"/>		<input type="text"/>	
*Transferring Trustee/Custodian Name		*Contact Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address	*City	*State	*ZIP Code
<input type="text"/>			
*Account Number or Identification			

*Transfer Instructions

3a. Original Account Type: ☐ HSA ☐ Archer ☐ MSA ☐ IRA

3b. Total Amount to Transfer:

- ☐ Entire Account Balance ☐ Specific Dollar Amount \$
- ☐ Keep my Account Open
- ☐ Close my Account

3c. Transfer by check, payable to “Associated Bank HSA as HSA Administrator of (Owner’s Name)”

3d. Completed form MUST be included with the check. Mail form and check to:
Participant Services, MS: 7004, PO Box 19097, Green Bay, WI 54307

Important Information

Eligibility for HSA Transfer

You may only transfer funds into an Associated Bank HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the consumer of the transferring HSA, Archer MSA or IRA, the surviving spouse of a deceased consumer, or the former spouse of the consumer who is receiving an interest in the HSA, Archer MSA or IRA pursuant to a divorce or separation agreement.

One-Time Transfer from a Roth or Traditional IRA to an HSA

IRA transfers count toward and are limited to your maximum HSA contribution for the year. The amount of your IRA transfer is not allowed as a deduction. Your funds will be returned in the event that the deposit amount, when added to your total cumulative year-to-date contribution, exceeds the maximum annual contribution threshold as determined by the IRS. Generally, only one transfer may be made during the lifetime of an individual.

Penalties may apply if High-Deductible Health Plan (HDHP) coverage does not continue for 12 months. This transfer option does not apply to SEP or SIMPLE IRAs.

Excess Contributions

You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to an Associated Bank HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify Associated Bank HSA and request a withdrawal of the excess contribution together with any net income attributable thereto.

Investments

Your HSA will be invested as provided under your HSA arrangement with Associated Bank HSA.

Additional Information about HSAs

See IRS Publication 969 Health Savings Accounts and other Tax Favored Health Plans, for additional information about HSAs. This publication is available free from the Internal Revenue Service and is available through the IRS website: www.irs.gov.

Direct Rollover

If you have already received a distribution from your HSA or IRA, you may be eligible to make a rollover into your Associated Bank HSA (instead of a transfer). Rollovers can be deposited into your Associated Bank HSA via the HSA Contribution Form.

Acknowledgement

I hereby acknowledge that, due to the important tax consequences relating to transferring or rolling over funds to an HSA, I have been advised to see a tax professional. State tax laws may vary, and I agree that Associated Bank makes no representation as to the tax effect of this transfer under state law. I also acknowledge that my decision to transfer/rollover funds to my Associated Bank HSA is completely voluntary. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer and I agree that Associated Bank shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by the transferring trustee or custodian and Associated Bank.

Signature

I acknowledge that I have established an HSA with Associated Bank and I have read and understand the Instructions, Important Information and Acknowledgement provisions that are included in this HSA Transfer Request Form.

*Account Holder Signature

*Date

IMPORTANT INFORMATION

This Health Savings Account (HSA) is a custody account with Associated Bank serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement and Debit Card Agreement. Associated Bank deposit products that are held in the HSA are FDIC insured, subject to FDIC insurance limits. FDIC insurance is determined on end-of-day ledger balances in your deposit account which may include funds deducted from your available balance for investment purchases that have not yet settled.

Non-deposit investment products, such as mutual funds, are not deposits or obligations of, or guaranteed by Associated Bank or any of its affiliates, nor are they insured by the Federal Deposit Insurance Corporation (FDIC), or any other government agency. Past returns of investment products do not guarantee future results. Mutual fund prospectuses provide detailed information about fund investment objectives and fees. Read a mutual fund's current prospectus carefully before investing. Associated Bank does not provide legal, tax or investment advice to HSA account holders. Contact a qualified accountant, attorney or investment adviser for tax, legal or investment advice.



HSA cash balances are **FDIC insured** up to the Standard Maximum Deposit Insurance Amount (SMDIA).
Deposit products are offered by Associated Bank, N.A. **Member FDIC.**

Investment, Securities, and Insurance Products:

NOT FDIC INSURED	NOT BANK GUARANTEED	MAY LOSE VALUE	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	NOT A DEPOSIT
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Associated Bank is a marketing name Associated Banc-Corp (AB-C) uses for products and services offered by its affiliates. Investment management services are provided by Kellogg Asset Management, LLC® ("KAM"). KAM and Associated Bank, N.A. are wholly-owned affiliates of Associated Banc-Corp (AB-C). AB-C and its affiliates do not provide tax, legal or accounting advice. Please consult with your tax, legal or accounting advisors regarding your individual situation. Associated Benefits Connection is a marketing name used by Associated Bank, N.A. (ABNA). ABNA administers benefit programs sponsored by employers, which include flexible spending accounts (FSAs), health reimbursement accounts (HRAs) and commuter benefits and is subject to pending state licensure and regulatory approval. (4/22) P08588