



1025 N. Campbell Road, Royal Oak, MI 48067 Toll Free: 800.989.8776 | Phone: 248.543.2644 | Fax: 248.543.2296

www.HRPro.com | accounts@hrpro.com

Health Savings Account – Transfer Form

Use 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 HRPro HSA. Complete each section and send the completed form to your previous trustee or custodian for processing. Transfers may take 3 to 6 weeks depending on your previous trustee/custodian's processing time.

If you have any questions about HSAs or completing this form, please contact accounts@hrpro.com at (248) 543-2644.

Transfer Process:

- 1. Complete all sections of this form
- 2. Email, mail, or fax completed form to:

Email: accounts@hrpro.com

Address: 1025 N. Campbell Road, Royal Oak, MI 48067

Fax: (248) 543-2296

Accountholder Profile Information:

Consumer	s Name (First, M	l, Last)								
Employer	Name (If sponsor	ed by an e	mployer plan)							
Birth Date (mm/dd/yyyy)			Social Security Nu		mber		Day Phone			
Address										
City					State			ZIP		
Transfer	ring Trustee	/Custo	lian							
Transferring Trustee/ Custodian Name				Contact Na		ie				
Address										
City					ite			ZIP		
Account N	umber or Identif	ication								
Indicate the account type the monies will be coming from.										
	Instruction									
This request i to an HSA at	is for a custodian-to HRPro.	o-custodian t	transfer. The HSA	A balance curre	ntly held by	another o	custodian i	s to be di	rectly transferred	
Total Amo	unt to Transfer:	Make ch	check payable to HRPro and mail to 1025 N. Campbell Rd. Royal Oak, MI 48067							
Full Am	nount (Close my /	Account – A	closure fee of	up to \$25 ma	y apply)	Specif	ic Amoun	t		



Health Savings Account - Transfer Form

www.HRPro.com

Important Transfer Information

Eligibility for HSA Transfer

You may only transfer funds into a HRPro 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. If you are 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, then contact HRPro for additional instructions.

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 a HRPro HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify HRPro 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 HRPro.

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 Web site: www.irs.gov.

Direct Rollove

If you have already received a distribution from your HSA or IRA, you may be eligible to make a rollover into your HRPro HSA (instead of a transfer). Rollovers can be deposited into your HRPro 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 am hereby advised to seek the advice of a tax professional before signing this form. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer, and I agree that HRPro 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 HRPro.

State tax laws may vary, and I agree that HRPro 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 HRPro HSA is completely voluntary.

Signature

I acknowledge that I have established an HSA with HRPro and I have read and understand the Instructions, Important Information and Acknowledgement provisions that are included in this HSA Transfer Request Form. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

Signature Date	
----------------	--

IMPORTANT INFORMATION

This Health Savings Account (HSA) is a custody account with WEX Inc. serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement.