HSA ROLLOVER CERTIFICATION

HSA OWNER'S NAME AND ADDRESS			HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
			Stephenson National Bank & Trust 1820 HALL AVENUE MARINETTE, WI 54143-0000		
Social Security Number	**Date of Birth** *(mm/dd/yyyy)*	**Home Phone**	**HSA Account Number**	**HSA Suffix**	**Trustee's or Custodian's Phone Number**
					(715)732-1732

HSA OR ARCHER MSA TO HSA ROLLOVER REQUIREMENTS

To be an eligible rollover, all questions must be answered NO.

1. **TIMELINESS**
   Have more than 60 days elapsed since you received the distribution from the distributing HSA or Archer medical savings account (MSA)? ..... ☐ YES ☐ NO
2. **TWELVE MONTH RESTRICTION**
   Have you made a rollover contribution to the HSA during the preceding 12 months? .... ☐ YES ☐ NO
3. **ELIGIBLE PLAN**
   Does the rollover contribution consist of assets other than those distributed from either an HSA or Archer MSA? .... ☐ YES ☐ NO

RULES AND CONDITIONS APPLICABLE TO ROLLOVERS

GENERAL INFORMATION

A rollover is a way to move assets from one HSA or Archer MSA to an HSA. The Internal Revenue Code (IRC) limits how many rollover contributions may be made, how the transaction 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 a rollover and that you are making an irrevocable election to treat the transaction as a rollover.

HSA OR ARCHER MSA ROLLOVER REQUIREMENTS

1. **Timeliness**
   The assets you receive from the distributing HSA or Archer MSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the assets in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.
2. **Twelve Month Restriction**
   Only one rollover contribution may be made to an HSA during a one-year period. Twelve months must pass after an HSA rollover contribution before you are eligible to perform another HSA rollover contribution.
3. **Eligible Plan**
   A distribution will not be eligible to be rolled over unless that distribution is made from an eligible HSA or Archer MSA.

SIGNATURES

I have read and understand the rollover rules and conditions on 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 see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this rollover transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of $_____ in cash and/or property as a rollover contribution.

_____ HSA Owner _____ Date *(mm/dd/yyyy)*

_____ Witness _____ Date *(mm/dd/yyyy)*

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