

# HSA DIRECT ROLLOVER/ TRANSFER REQUEST FORM



The **HSA Direct Rollover/Transfer Request Form** is used to facilitate the transfer of assets from an MSA to an HSA or between two HSAs. This form may be used to transfer assets from one Trustee/Custodian to another. This form may also be used to facilitate a transfer of assets from a Traditional or Roth IRA as a qualified HSA funding distribution or the direct rollover of assets from a health FSA or HRA to an HSA as a qualified HSA distribution. If you have any questions regarding this form, please call Shareholder Services at 1-800-238-7701.

## PART I: HSA OWNER INFORMATION (RECEIVING HSA) (\*DENOTES REQUIRED INFORMATION)

Name* (First, M.I., Last)	Date of Birth*	Social Security Number*		
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)	City	State	Zip Code	
Daytime Phone*	Evening Phone			
Status with Respect to Distributing Account:	<input type="checkbox"/> Account Owner	<input type="checkbox"/> Former Spouse		

## PART II: DIRECT ROLLOVER/TRANSFER DESCRIPTION

Type of Direct Rollover/Transfer (Select One)

<input type="checkbox"/> HSA-to-HSA	Receiving Account/Plan Number: _____
<input type="checkbox"/> MSA-to-HSA	Receiving Account/Plan Number: _____
<input type="checkbox"/> Traditional IRA-to-HSA	Receiving Account/Plan Number: _____
<input type="checkbox"/> Roth IRA-to-HSA	Receiving Account/Plan Number: _____
<input type="checkbox"/> Health FSA-to-HSA	Receiving Account/Plan Number: _____
<input type="checkbox"/> HRA-to-HSA	Receiving Account/Plan Number: _____

Note: A contribution transferred directly from a Traditional IRA or a Roth IRA as tax-free qualified HSA funding distribution is subject to HSA contribution limits and other eligibility restrictions. Qualified HSA funding distributions are reported to the IRS as HSA contributions. A direct rollover from a health FSA or HRA as a qualified HSA distribution is subject to certain eligibility restrictions. Please consult your tax advisor to discuss potential tax consequences that could result if either a qualified funding HSA distribution or a qualified HSA distribution is ineligible or you do not remain eligible for the required period of time.

**PART III: ACCOUNT OWNER INFORMATION (DISTRIBUTING ACCOUNT)**

**Note: Complete this section only if the HSA Owner identified in Part I above is receiving the assets through a divorce settlement.**

Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

**PART IV: CURRENT ACCOUNT INFORMATION**

Name of Current Trustee/Custodian\* \_\_\_\_\_ Current Account/Plan Number/Fund Name\* \_\_\_\_\_

P. O. Box\* \_\_\_\_\_ Suite # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Name of Contact\* \_\_\_\_\_ Contact's Phone Number\* \_\_\_\_\_

**\*Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

**PART V: TRANSFER/ROLLOVER INSTRUCTIONS**

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer/rollover will purchase shares into my existing account as listed below.

Account Number \_\_\_\_\_

**Transfer/Rollover Allocation**

List the percentage (using whole percentages) or dollar amount that will be transferred/directly rolled over. The total must add up to 100 or equal total dollar amount.

Name of Investment	Allocation
1. Archer Balanced Fund	\$ _____ or _____ %

**PART VI: LIQUIDATION INSTRUCTIONS**

I authorize and direct the current Trustee or Custodian to liquidate assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new HSA Trustee/Custodian identified below.  
\_\_\_\_\_
- Partially liquidate \$ \_\_\_\_\_ of the current assets (amount to be transferred/directly rolled over) and send the proceeds to the receiving HSA Trustee/Custodian identified below. (Note to HSA Owner: Attach additional written liquidation instructions, if necessary.)  
\_\_\_\_\_
- Other (describe): \_\_\_\_\_  
\_\_\_\_\_

Please send proceeds by check:

Make check payable as follows: Archer Balanced Fund FBO \_\_\_\_\_  
(Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
 Archer Balanced Fund  
 Mutual Shareholder Services  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, OH 44147

**Overnight Delivery**  
 Archer Balanced Fund  
 Mutual Shareholder Services  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, OH 44147

**PART VII: ACKNOWLEDGEMENTS**

By signing this *HSA Direct Rollover/Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current Trustee/Custodian to directly rollover/transfer the assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this direct rollover/transfer and I assume all responsibilities for any consequences that arise as a result of my actions. If the contribution contains dollars directly transferred from an IRA as a qualified HSA funding distribution, I irrevocably designate this deposit as a qualified HSA funding distribution. If the contribution contains dollars directly rolled from a health FSA or HRA as a qualified HSA distribution, I irrevocably designate this deposit as a qualified HSA distribution. I agree to indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

Signature of Account Owner (or other authorized person):

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART VIII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud. \*\*Please contact your present custodian to see if a New Technology Medallion Signature Guarantee Stamp is required for transfer. This will ensure that your transfer will be processed in a timely manner.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

**Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**PART IX: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)**

By signing below, the Trustee/Custodian of the receiving HSA agrees to accept this transfer as instructed above.

Signature of Receiving HSA Trustee/Custodian Representative: X *M. Gallagher* Date: \_\_\_\_\_

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
Archer Balanced Fund  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**  
Archer Balanced Fund  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208