

Health Savings Account (HSA) Transfer Request Form

Complete and provide this form to your current HSA Trustee/Custodian/Administrator to initiate a direct transfer of funds from your HSA/IRA with them to an HSA with Discovery Benefits, Inc. as Administrator and HealthcareBank as Custodian. Please note that if this form is returned to Discovery Benefits, Inc. before your current HSA Trustee/Custodian/Administrator has completed it, it may cause a delay in the transfer of funds.

*=required

Step 1 of 6: Account Information

<input style="width: 95%; height: 20px;" type="text"/> *Employer Name (Do not abbreviate)	<input style="width: 95%; height: 20px;" type="text"/> *Account Holder Name (First, MI, Last)
<input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 50%; height: 20px;" type="text"/> *Social Security Number	<input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 50%; height: 20px;" type="text"/> *Day Telephone
<input style="width: 95%; height: 20px;" type="text"/> *Physical Address	<input style="width: 25%; height: 20px;" type="text"/> *City <input style="width: 10%; height: 20px;" type="text"/> *State <input style="width: 55%; height: 20px;" type="text"/> *Zip

Step 2 of 6: Current HSA/IRA Trustee or Custodian Information

<input style="width: 95%; height: 20px;" type="text"/> *Current HSA/IRA Trustee or Custodian Name	<input style="width: 95%; height: 20px;" type="text"/> Current HSA/IRA Account Number
<input style="width: 95%; height: 20px;" type="text"/> *Physical Address	<input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 50%; height: 20px;" type="text"/> *Telephone Number
<input style="width: 95%; height: 20px;" type="text"/> *City	<input style="width: 10%; height: 20px;" type="text"/> *State <input style="width: 85%; height: 20px;" type="text"/> *Zip

Step 3 of 6: Former Spouse Information

This section should be completed in full if the former spouse is receiving the HSA through a divorce settlement. Please include a copy of the divorce decree.

HSA Account Name of Former Spouse (First, MI, Last)			
<input style="width: 95%; height: 20px;" type="text"/> Physical Address	<input style="width: 95%; height: 20px;" type="text"/> City	<input style="width: 100%; height: 20px;" type="text"/> State	<input style="width: 95%; height: 20px;" type="text"/> Zip
<input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 50%; height: 20px;" type="text"/> Social Security Number	<input style="width: 50%; height: 20px;" type="text"/> Birth Date (mm/dd/yyyy)	<input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 25%; height: 20px;" type="text"/> - <input style="width: 50%; height: 20px;" type="text"/> Day Telephone	

Step 4 of 6: Transfer Instructions

This section must be completed in full.

Directly transfer all or part of the HSA or IRA identified above. The amount of the partial transfer is: \$

Please make checks payable to: HealthcareBank FBO
(HSA Account Holder/Beneficiary's Name)

This transfer will will not close the HSA/IRA.

Transfer check and a copy of this form should be sent to Discovery Benefits, Inc. at PO Box 2926, Fargo, ND 58108-2926.

Step 4a: Asset Liquidation Instructions

Unless otherwise directed in writing below, I direct the current trustee or custodian of my transferring account to liquidate all assets immediately. I am aware of and acknowledge any applicable penalty for early withdrawal upon certificates of deposits or annuities (or other investment vehicle, as applicable) currently held in the account. If there are other specific liquidation instructions, include for each asset the description, quantity in HSA or IRA, quantity to be transferred, and whether to liquidate immediately or at maturity. Specify other liquidation instructions as necessary.

Step 5 of 6: Transfer Signature of HSA Beneficiary or Former Spouse

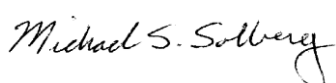
I hereby acknowledge that, due to the important tax consequences relating to transferring or rolling over funds to an HSA, I have been advised to see a tax professional. State tax laws may vary, and I agree that Discovery Benefits, Inc. and HealthcareBank makes no representation as to the tax effect of this transfer under state law. I also acknowledge that my decision to transfer/rollover funds to my Discovery Benefits, Inc/HealthcareBank 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 Discovery Benefits, Inc. and HealthcareBank 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, Discovery Benefits, Inc. and HealthcareBank.

*HSA Account Holder or Former Spouse Signature

*Date

Step 6 of 6: Accepting HSA Custodian

HealthcareBank agrees to serve as the new Custodian for an account of the above-named individual, and as Custodian, we agree to accept the funds being transferred.



Authorized Signature of Accepting HSA Custodian

Important Information

Eligibility for HSA Transfer

You may only transfer funds into a Discovery Benefits, Inc/HealthcareBank HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the accountholder of the transferring HSA, Archer MSA or IRA, the surviving spouse of a deceased accountholder, or the former spouse of the accountholder 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 a Discovery Benefits, Inc/HealthcareBank HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify Discovery Benefits, Inc. and request a withdrawal of the excess contribution together with any net income attributable thereto. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2.

Investments

Your HSA will be invested as provided under your HSA arrangement with Discovery Benefits, Inc/HealthcareBank.

Prohibited Transactions

If you have performed a prohibited transaction as defined in IRC Sec. 4975(c), you may be subject to an IRS penalty. If the prohibited transaction is not corrected in a timely manner, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5.

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.