

Health Savings Account/
Medical Savings Account
Rollover Form

Health Savings Account

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| Instructions | <p>Use this form when you are transferring money from an existing Medical Savings Account (MSA) or Health Savings Account (HSA) to an HSA from Bank of America. Upon receipt of the completed form and your rollover check, we will contribute the rollover funds to your Bank of America HSA as directed.</p> <p>If you have questions completing this form, please contact your HSA customer service center.</p> <p>Your check must be made payable to: Bank of America. Indicate your Health Savings Account number on your check. Once you complete this form, mail it and your rollover check to the following address:</p> <p>Bank of America HSA Account P.O. Box 25172 Lehigh Valley, PA 18002-5172</p> <p>Please keep a copy of the materials you send for your records.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 1: Account Information | <p>Rollover funds are to be contributed to Bank of America HSA account number</p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Section 2: Personal Information | <table border="1"><tr><td colspan="10"></td></tr><tr><td colspan="3">First Name</td><td colspan="4">Middle Initial</td><td colspan="3">Last Name</td></tr><tr><td colspan="10"></td></tr><tr><td colspan="4">Street Address</td><td colspan="3">City</td><td colspan="2">State</td><td>Zip</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="10">Social Security Number</td></tr><tr><td colspan="3">()</td><td colspan="7">()</td></tr><tr><td colspan="5">Daytime Telephone Number</td><td colspan="5">Evening Telephone Number</td></tr></table> | | | | | | | | | | | First Name | | | Middle Initial | | | | Last Name | | | | | | | | | | | | | Street Address | | | | City | | | State | | Zip | | | | | | | | | | | Social Security Number | | | | | | | | | | () | | | () | | | | | | | Daytime Telephone Number | | | | | Evening Telephone Number | | | | |
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| First Name | | | Middle Initial | | | | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Street Address | | | | City | | | State | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Daytime Telephone Number | | | | | Evening Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 3: Rules, Conditions and Instructions to Bank of America | <p>Enclosed is a check in the amount of \$_____, which represents a rollover contribution from another MSA or HSA. I would like to rollover the funds to my Bank of America HSA as indicated above. It has been 60 days or less since I received the distribution. I have not made any other MSA or HSA rollover contributions in the past 12 months (not including any trustee to trustee transfers).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 4: Acknowledg- ment and Signature | <p>I have read and understand the rollover rules and conditions above and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds to an HSA, I have hereby been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Bank of America. I assume full responsibility for this rollover transaction and will not hold Bank of America liable for any adverse consequences that may result. I hereby irrevocably designate this contribution as a rollover contribution.</p> <table border="1"><tr><td></td><td>/</td><td>/</td></tr></table> <p>Accountholder Signature</p> <p>Date (mm/dd/yyyy)</p> | | / | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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