



Request to Transfer IRA Funds To My Health Savings Account (HSA)

Account Holder Information

Chase Health Savings Account #: 397_____

Account Holder Name: _____, _____, _____
(Last) (First) (MI)

Mailing Address:

Street: _____
Apt. #: _____
City: _____ State: _____
Zip Code: _____ - _____

Daytime Telephone #: _____ Last Four Digits of SS#: _____

IRA to HSA Transfer Information

You may make a one-time tax-free trustee-to-trustee transfer of IRA funds to an existing HSA. **This transfer is considered a contribution to the HSA, and therefore subject to the annual HSA contribution limits.** By using this form, you certify to JPMorgan Chase Bank, N.A. that the attached funds are an eligible transfer contribution.

Before completing this form, contact your current IRA custodian and ask whether a signature guarantee will be required. If needed, you may obtain a signature guarantee by bringing the completed form to your local bank (typically the branch where you have your checking account).

After completing this form, provide it to your current IRA custodian so they may transfer the funds into your open Health Savings Account at JPMorgan Chase Bank, N.A. The transferring institution should send this form, along with a check made payable to "JPMorgan Chase Bank, N.A. in the account of <Accountholder Name>" to: JPMorgan Chase Bank, N.A.; HSA Operations; P.O. Box 30207; Tampa, FL 33630-3207

IRA to HSA Transfer Instructions

Please transfer the IRA funds to my new Health Savings Account at JPMorgan Chase Bank, N.A.

Individual Retirement Account (IRA)

IRA Account #: _____
Amount of the IRA Transfer: \$_____.
Custodial Institution Name: _____
Institution Address: _____
City: _____ State: _____
Zip Code: _____ - _____

Authorization to Transfer Funds:

I have read and understand the rules and conditions for performing a transfer of my IRA funds to my HSA at JPMorgan Chase Bank, N.A. Due to the tax consequences of transferring funds from an IRA to an HSA, I have been advised to see a tax professional and acknowledge that JPMorgan Chase Bank, N.A. does not provide tax advice. All information contained in this form is true and accurate and may be relied upon by JPMorgan Chase Bank, N.A. I meet the requirements for making the transaction described in this form and by signing below I authorize the transaction.

Account Holder's Signature _____ Date: _____

Affix Signature Guarantee here if required by IRA custodian.