

**HEALTH SAVINGS ACCOUNT
ROLLOVER CERTIFICATION**



Account Holder Information (please print)			Spending Account ID #							
Last Name _____	First Name _____	Middle Initial _____	S	A						
Social Security # (if SA# is not known)										
Daytime Phone										
Street Address _____										
City _____ State _____ Zip _____										
Email address _____										

Rollover Information

A rollover moves assets from one account to another. You can make a rollover from:

- an HSA to a HSA
- an MSA to a HSA
- an MSA to an MSA

You can rollover part or all of the assets in an account. A rollover differs from a transfer in that when you request a transfer, the assets are moved directly from the current custodian to the new custodian. When you perform a rollover, the amount you specify will be distributed to you in cash.

You must deposit the rollover in another account within 60 calendar days after you receive the distribution. The IRS allows one rollover transaction per account per year. Once designated, a rollover contribution is irrevocable.

I wish to make a single rollover contribution by check (Please make checks payable to Horizon).

Amount: \$ _____

I wish to initiate a one-time pull from the account I have indicated on the reverse side of this form.

I wish to initiate a one-time pull from the existing bank account on file at Horizon, bank account number: _____

Amount: \$ _____

Account Holder Signature

I am fully responsible for any taxes or losses that I incur due to this rollover.

I declare this rollover of \$ _____ to be an irrevocable rollover contribution.

Account Holder Signature
Date

Questions? Call Member Services at 1-888-215-0025.

Send via secured email only:
HorizonMyWay.Documents@Hellofurther.com

Fax to:
866-231-0214

Mail to:
P.O. Box 64193
St. Paul, MN 55164-0193

Authorization for Electronic Transfer of Funds

To begin the electronic transfer of funds, please complete the following:

checking or savings account

Name of member (please print): _____

Spending Account ID or Social Security Number: _____

Employer's Name (if applicable): _____

Bank name: _____

Bank telephone number: _____

Bank ABA Routing Number: ____ _

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

Bank Account Number: _____

Signature of Bank Account Holder _____ Signature Date: _____

Please allow 10-15 business days from the date this form is received by Horizon for your request to be processed.