



IRA to HSA Transfer Request Form

IRA TRANSFER INFORMATION

This request is for an Individual Retirement Account (IRA) funds Trustee-to-Trustee transfer. The monies currently in an IRA with another Trustee or Custodian are to be directly transferred to First Horizon Bank, a division of First Tennessee Bank National Association.

Make a check payable to First Horizon Bank and mail to: First Horizon Msaver • PO Box 26106 • Shawnee Mission, KS 66225.

ACCOUNT HOLDER INFORMATION (PLEASE PRINT)

First Name _____ MI _____ Last Name _____ SSN _____
 Street Address _____ Date of Birth _____
 City _____ State _____ Zip _____
 Work Phone _____ Home Phone _____
 Email _____

CURRENT IRA CUSTODIAN INFORMATION

Institution Name	
Phone	
Address	
City, State, Zip	
IRA Account Number	

TRANSFER INSTRUCTIONS

I _____, authorize my IRA Custodian _____ to make a one-time
(HSA Account Owner, Please Print Name) (IRA Custodian Name, Please Print Name)
 direct transfer from my IRA to my Health Savings Account Custodian. Amount to Transfer \$ _____

Guidelines for Transferring an IRA to an HSA

1. IRA transfers must be a direct trustee/custodian transfer.
2. You are allowed a one-time transfer from an IRA to an HSA.
3. The transfer is limited to the maximum HSA contribution for the year, and the amount contributed is not allowed as a deduction. Your total HSA contributions and IRA transfer cannot exceed the HSA contribution maximum.
4. The IRA transfer will not be included in income or subject to the early withdrawal additional tax.
5. If an individual does not remain an eligible individual for the 12 months following the month of the contribution, the transferred amount is included in income and subject to a 10 percent additional tax.
6. Only transfers from a Traditional IRA as defined in Internal Revenue Code Section 408(a), are permitted at this time.

Make a check payable to First Horizon Bank for the above account and mail to: (Please include a copy of this form)

**First Horizon Msaver
 PO Box 26106 • Shawnee Mission, KS 66225**

ACCOUNT HOLDER SIGNATURE

Before signing below, please consult your tax advisor to discuss the potential tax consequences that could result if the transfer is deemed ineligible or you become ineligible. I understand that the transfer is subject to the annual contribution limit, and I accept any tax consequences that could result if the above transfer is not a qualified transfer from my IRA.

 Account Holder - Signature Required Date

FOR INTERNAL USE ONLY: ACCEPTING HSA CUSTODIAN

Our organization agrees to serve as the new Custodian for the account of the above named individual, and as Custodian, we agree to accept the assets being transferred.

First Horizon Bank

 Authorized Signature of New Custodian Date