

## CONSOLIDATION OF HSAs

Instructions for HSA owner:

As the HSA Owner you are required to complete Sections A, B, C & D.

1. Make sure to include your Phone Number in Section A. It may be necessary for InvestedHealth to contact you with follow-up questions.
2. Make sure to accurately include your Account Numbers in sections C & D. InvestedHealth will be able to process your HSA funds transfer quicker if it has these critical pieces of information. (Your Account Number is 10 digits in length and begins with a 98XXXXXXXX)
3. After reading the entire form and reviewing each of the boxes to make sure all information is correct; sign and date the form in the space provided.
4. Email this Consolidation form to: InvestedHealth HS, [www.investedhealthhsa.com](http://www.investedhealthhsa.com)

I am the owner of one or more HSAs with InvestedHealth as custodian (a InvestedHealth HSA). I wish to have all the funds in InvestedHealth HSA(s) as indicated in Section B below, OR as identified when using the information provided in Section C below, including any invested funds, transferred to the InvestedHealth HSA set forth in Section C below.

<b>A. Individual HSA Owner</b>	
First Name:	MI  Last Name:
SSN:	Phone Number:

<b>B. InvestedHealth HSA(s) to be transferred: Note - Account(s) listed in this section will be closed.</b>
<p>Please provide 9-digit InvestedHealth HSA account number(s) below, or if unknown, fully complete section C below:</p> <p>InvestedHealth HSA #1 Account Number: _____</p> <p>InvestedHealth HSA #2 Account Number: _____</p>

<b>C. InvestedHealth HSA to Received Transferred Funds. NOTE: This account will remain open.</b>
<p>Please provide HSA Account Number below, or if unknown, fully answer the other questions in this section.</p> <p>HSA Account Number (if unknown, answer the questions below): _____</p> <p>Who is your Employer? _____</p> <p>Who is your benefits provider / administrator? _____</p> <p>What is the web address you use to view your HSA account online? _____</p> <p>Who is your health plan provider? _____</p>

UMB Bank, N.A. (UMB) has agreed to serve as Custodian of HSAs (within the meaning of IRC Section 223) for the individual HSA Owner identified in Section A above and is willing to transfer funds in accordance with the HSA Owner's instructions. The HSA Owner, by his or her signature below, hereby directs UMB to transfer the funds held in the UMB HSA set forth in Section B above, including any invested funds, to the UMB HSA set forth in section C above. Pursuant to IRS Publication 969 if you instruct the trustee of your HSA to transfer funds directly to the trustee of another of your HSAs, the transfer is not considered a rollover. There is no limit on the number of these transfers. You do not include the amount transferred in income, deduct it as a contribution, nor include it as a distribution on Form 8889.

I certify that the information contained on this form is true and correct. I direct InvestedHealth to transfer all of the funds in the InvestedHealth HSA set forth in Section B above, including any invested funds, to the InvestedHealth HSA set forth in Section C above, as set forth in this form. I understand that I am responsible for properly identifying the HSA from which funds will be transferred from and to, and InvestedHealth will make best efforts to properly identify the HSA based upon the information I provide. I understand and agree that if InvestedHealth is unable to identify the HSA from which funds are to be transferred to and from that no funds will be transferred until such time as the HSAs can be identified. I additionally understand that InvestedHealth may contact me for additional information related to my InvestedHealth HSAs and may request that I complete a new form based upon that information or other information InvestedHealth has in its records about my HSA relationship with them. I understand I am responsible for any tax consequences of this action and I will not seek to hold InvestedHealth responsible for such tax consequences should any occur. I indemnify and agree to hold InvestedHealth harmless against any liabilities for following these instructions or for transferring funds to or from an HSA that is improperly or incompletely identified on this form.

Signature of HSA owner: \_\_\_\_\_

Date: \_\_\_\_\_