

Request for a Qualified Health Savings Account Funding Distribution

for Traditional, Roth, Traditional Beneficiary, and Roth Beneficiary IRAs

MERCANTILE BANK OF MICHIGAN - HSA SUPPORT
 P O BOX 2208
 GRAND RAPIDS MI 49501-2208
 (800)453-8700

1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP	SOCIAL SECURITY NUMBER
	DATE OF BIRTH
DAYTIME PHONE NUMBER	

2 IRA CUSTODIAN/TRUSTEE REQUEST

I authorize and direct my IRA Custodian/Trustee to send the amount identified in the Transaction Instructions section to the HSA Custodian/Trustee named in the upper right corner of this form.

IRA CUSTODIAN/TRUSTEE NAME, ADDRESS, CITY, STATE, AND ZIP	TYPE OF IRA (SELECT ONE): <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Traditional Beneficiary IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Roth Beneficiary IRA
IRA ACCOUNT (PLAN) NUMBER	PHONE NUMBER

3 TRANSACTION INSTRUCTIONS (See Additional Information included with this form.)

Complete my transaction as directed.

A. Payment Amount (select one):
 A portion of my IRA balance. \$ _____
 My entire IRA balance.

B. Payment Schedule and Investments (select one):
 Immediately liquidate all investments and send cash proceeds.
 Liquidate the investments as identified below and send cash proceeds:

<u>Account Number or Investment</u>	<u>Dollar Amount or Number of Shares</u>	<u>Transaction Date</u>
_____	\$ _____ or _____ shares	_____
_____	\$ _____ or _____ shares	_____
_____	\$ _____ or _____ shares	_____
_____	\$ _____ or _____ shares	_____
_____	\$ _____ or _____ shares	_____
_____	\$ _____ or _____ shares	_____
_____	\$ _____ or _____ shares	_____

Other _____

C. Delivery Instructions
 (1) HSA Account (Plan) Number _____
 (2) Make check payable to _____ as custodian / trustee for the Health Savings Account of _____
 (3) _____

4 SIGNATURES

I certify that I am the HSA owner or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form. I direct my IRA Custodian/Trustee to send the IRA cash proceeds as set forth in this form. I assume full responsibility for any consequences associated with this request. I indemnify and hold the HSA Custodian/Trustee harmless from any resulting liabilities. I acknowledge that the HSA Custodian/Trustee cannot provide, and has not provided, me with legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner _____ Date _____ Signature of HSA Custodian/Trustee _____ Date _____

ADDITIONAL INFORMATION

Purpose. The Request for a Qualified Health Savings Account Funding Distribution for Traditional, Roth, Traditional Beneficiary, and Roth Beneficiary IRAs form is designed to assist you in the movement of assets from an individual retirement account (IRA) to a Health Savings Account (HSA).

Additional Documents. To complete this transaction, additional documentation may be required by the IRA's custodian/trustee.

For Additional Guidance. It is in your best interest to seek the guidance of a tax or legal professional before completing this document. You should also reference the IRA and HSA agreement and disclosure statement and/or amendments provided by the custodian/trustee. For more information, refer to Internal Revenue Service (IRS) Publication 590, *Individual Retirement Arrangements (IRAs)*, Publication 969, *Health Savings Accounts and other Tax-Favored Health Plans*, instructions to your federal income tax return, your local IRS office, or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following term may be helpful in completing your transaction.

Qualified Health Savings Account Funding Distribution.

This is a once-in-a-lifetime tax-free distribution from an IRA, not including an ongoing SEP or SIMPLE IRA, to fund your HSA tax-year contribution. The tax year of the HSA contribution is the same as the year of the IRA distribution. The election to make this distribution is irrevocable.

Health Savings Account (HSA) Contribution Instructions

MERCANTILE BANK OF MICHIGAN - HSA SUPPORT
P O BOX 2208
GRAND RAPIDS MI 49501-2208
(800)453-8700

1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP			
HSA PLAN NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DAYTIME PHONE NUMBER
Type of Health Insurance Plan Coverage (select one): <input type="checkbox"/> Self-Only <input type="checkbox"/> Family			

2 CONTRIBUTION INFORMATION (See Additional Information included with this form.)

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	\$		
CONTRIBUTION TYPE (select one): <input type="checkbox"/> Regular (including Catch-Up) <input type="checkbox"/> Contribution from an IRA <input type="checkbox"/> Rollover from an HSA <input type="checkbox"/> Rollover from an Archer MSA <input type="checkbox"/> Transfer from an HSA <input type="checkbox"/> Transfer from an Archer MSA <input type="checkbox"/> Return of Mistaken Distribution Original Distribution Date(s) _____			

3 SIGNATURES

I am the HSA owner, contributor, or individual legally authorized to complete this form. I certify that this is an eligible HSA contribution. I certify the accuracy of the information set forth in this form. I assume full responsibility for all tax consequences associated with my contributions, determining my eligibility, and ensuring that such contributions are in compliance. I understand that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner/Contributor

Date

Signature of Custodian/Trustee

Date

ADDITIONAL INFORMATION

Purpose. The Health Savings Account (HSA) Contribution Instructions form is used to document an HSA contribution transaction.

Additional Documents. Applicable law or policies of the HSA custodian/trustee may require additional documentation.

For Additional Guidance. It is in your best interest to seek the guidance of a tax or legal professional before completing this document. Your first reference should be the HSA agreement and disclosure statement you received upon establishing your HSA or amendments provided by the custodian/trustee. For more information, refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, and all additional Internal Revenue Service (IRS) guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; your local IRS office; or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following terms may be helpful in completing your transactions.

Regular or Annual Contributions. In general, the maximum annual contribution is the contribution limit based on high deductible health plan (HDHP) coverage as shown in the following chart:

Tax Year	HDHP Coverage	Contribution Limit	Catch-Up Contribution Limit	Total Contribution Limit
2014	Self-Only	\$ 3,300	\$ 1,000	\$ 4,300
	Family	\$ 6,550	\$ 1,000	\$ 7,550
2015	Self-Only	\$ 3,350	\$ 1,000	\$ 4,350
	Family	\$ 6,650	\$ 1,000	\$ 7,650
2016 and later	Self-Only	\$ 3,350*	\$ 1,000	\$ 4,350*
	Family	\$ 6,650*	\$ 1,000	\$ 7,650*

*Subject to annual cost-of-living adjustments, if any.

Your maximum annual contribution is generally determined by adding together your monthly contribution limits for the year. Your monthly contribution limit is determined on the first day of each month that you are an eligible individual. A monthly contribution limit is 1/12 of the annual contribution limit based on your health plan coverage (self-only or family) for such month.

However, your maximum annual contribution may be a greater amount if you are an eligible individual on the first day of the last month (December 1 for calendar-year taxpayers). If so, you are treated as an eligible individual for all months of the tax year and you may contribute up to such tax year's annual contribution limit based on your HDHP coverage (self-only or family) on December 1 (for calendar-year taxpayers).

If your maximum contribution amount determined under this method is greater than your monthly-determined maximum, and you contribute the greater amount, a testing period applies. The testing period for this provision begins with the last month of the contribution year and ends on the last day of the 12th month following such month (December 31 for calendar-year taxpayers). If you do not continue to be an eligible individual for the entire testing period, unless you die or become disabled, the difference between your monthly-determined maximum and the amount you contributed is includable in your gross income for the year of failure and is subject to a 10 percent penalty tax. For example, if you are an eligible individual and enroll in self-only HDHP coverage on January 1 but change to family HDHP coverage

on November 1 and retain family HDHP coverage through December 31 of the same year, you may be able to contribute up to the full annual contribution limit for family coverage (plus catch-up if you are eligible) because it is greater than the sum of the monthly contribution limits (10/12 of the self-only annual limit plus 2/12 of the family limit).

If you are an eligible individual, you may elect to take a qualified HSA funding distribution from your IRA (not including ongoing SEP and SIMPLE IRAs) to the extent such distribution is contributed to your HSA in a direct trustee-to-trustee transfer. This amount is aggregated with all other annual contributions and is subject to your annual contribution limit. The contribution is made for the tax year of the distribution. A qualified HSA funding distribution election is irrevocable and is generally available once in your lifetime. A testing period applies. The testing period for this provision begins with the month of the contribution to your HSA and ends on the last day of the 12th month following such month. If you are not an eligible individual for the entire testing period, unless you die or become disabled, the amount of the contribution made under this provision will be includable in gross income for the tax year of the month you are not an eligible individual, and is subject to a 10 percent penalty tax.

If you have more than one HSA, the aggregate annual contributions to all the HSAs are subject to the contribution limit. This limit is decreased by the aggregate contributions to an Archer Medical Savings Account (MSA). The same annual contribution limit applies whether the contributions are made by you, your employer, your family members, or any other person (including nonindividuals). Contributions may be made on your behalf even if you have no compensation or if the contributions exceed their compensation.

Catch-Up Contributions. Catch-up contributions are HSA contributions made in addition to any other regular HSA contributions. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and are age 55 or older by the end of your taxable year and not enrolled in Medicare. As with the annual contribution limit, the catch-up contribution is generally computed on a monthly basis. However, you may be eligible to contribute the entire catch-up contribution amount even if you are not an eligible individual for the entire tax year using the same first day of the last month eligibility rules and testing period applicable to the annual contribution limit.

Archer Medical Savings Account (MSA). An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.

Rollover from an HSA. You are limited to one rollover per 1-year (12-month) period. You may only roll over one HSA distribution per 1-year period aggregated between all of your HSAs. For example, if you have HSA 1, HSA 2, and HSA 3, and take a distribution from HSA 1 and roll it over into a new HSA 4, you will have to wait 1 year from the date of that distribution to take another distribution from any of your HSAs and subsequently roll it over into an HSA.

Rollover from an Archer MSA. Rollovers from an Archer MSA to an HSA are permitted according to the same rules as HSA-to-HSA distributions and rollovers. However, HSA assets cannot be rolled over to an Archer MSA.