

Request for Transfer to a Health Savings Account (HSA)

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

1 HSA OWNER INFORMATION

| | | | |
|----------------------|--|------------------------|--|
| NAME AND ADDRESS | | SOCIAL SECURITY NUMBER | |
| | | DATE OF BIRTH | |
| | | | |
| DAYTIME PHONE NUMBER | | E-MAIL (OPTIONAL) | |
| | | | |

2 TYPE OF TRANSFER

Select One:

HSA to HSA Archer Medical Savings Account (MSA) to an HSA

3 TRANSFEROR CUSTODIAN/TRUSTEE REQUEST

My HSA/Archer MSA custodian/trustee (transferor), _____, should transfer the assets identified in the Transfer Instructions section.

| | |
|--------------------|--|
| TRANSFEROR ADDRESS | TRANSFEROR PHONE NUMBER |
| | |
| | TRANSFEROR HSA/ARCHER MSA ACCOUNT NUMBER |
| | |

4 TRANSFER INSTRUCTIONS (See Additional Information included with this form.)


Complete my transfer as directed. **Note:** Penalties and market fluctuation may affect the distribution amount.

| | | | |
|---|--|---|---|
| A. Payment Amount (select one): <input type="checkbox"/> My entire HSA/Archer MSA balance. <input type="checkbox"/> A portion of my HSA/Archer MSA balance. \$ _____ | | B. Payment Schedule and Investments (select one): <input type="checkbox"/> Immediately liquidate all investments and send cash proceeds. <input type="checkbox"/> Send all investments in kind. <input type="checkbox"/> Liquidate the investments as identified below: | |
| <u>Account Number or Investment</u> | <u>Dollar Amount or Number of Shares</u> | <u>Transaction Date</u> | <u>Send:</u> |
| _____ | \$ _____ or _____ shares | _____ | <input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind |
| _____ | \$ _____ or _____ shares | _____ | <input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind |
| _____ | \$ _____ or _____ shares | _____ | <input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind |
| _____ | \$ _____ or _____ shares | _____ | <input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind |
| _____ | \$ _____ or _____ shares | _____ | <input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind |
| <input type="checkbox"/> Other _____ | | | |
| C. Delivery Instructions (1) Transferee HSA Account Number _____ (2) Make check payable to or certificate registration in the name of _____ as <input type="checkbox"/> custodian / <input type="checkbox"/> trustee for the HSA of _____. | | | |

5 SIGNATURES

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my HSA/Archer MSA assets as set forth in this form. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. The transferee custodian/trustee agrees to accept these funds as a transfer.

 _____
 Signature of HSA/Archer MSA Owner Date

 _____
 Signature of Transferee Custodian/Trustee Date

ADDITIONAL INFORMATION

Purpose. The Request for Transfer to a Health Savings Account (HSA) form is designed to assist you in the non-reportable movement of assets from one HSA to another HSA or from an Archer Medical Savings Account (MSA) to an HSA.

Additional Documents. A transfer can avoid income and penalty taxes but, to be successful, additional contribution and distribution documentation may be required by your HSA's/Archer MSA's custodian/trustee.

For Additional Guidance. It is in your best interest to seek the guidance of your 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 your custodian/trustee. For more information refer to Internal Revenue Code (IRC) Section 223 and all additional Internal Revenue Service (IRS) guidance, IRS publications that include information about HSAs, 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.

In Kind. If an HSA/Archer MSA contains stocks, bonds, mutual fund shares, or other types of property, it may be possible to move such property to an HSA without liquidation. This type of "in kind" transfer would require that the property be reregistered in the name of the transferee HSA custodian/trustee for the benefit of your HSA. The transferee's policies, charters, or applicable law may prevent the transfer of property. Time deposits and savings accounts are not transferable.

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.

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.