



IRA to HSA Transfer Form

A one-time tax-free trustee-to-trustee transfer of IRA funds to an HSA is permitted. The amount transferred may not exceed your maximum allowable annual HSA contribution (for example, \$6,150 for those with family coverage in 2011). Any money transferred from your IRA counts toward your maximum HSA contribution for that tax year. You may transfer a "Catch-Up" contribution if you qualify. You must maintain your HSA-qualified health plan coverage for the entire calendar year for which you are making the transfer or your HSA contribution (including IRA rollovers) will be limited further. You may not take the usual tax deduction for HSA contributions for any funds transferred from your IRA and contributed to your HSA. However, once the IRA funds are deposited in the HSA, they may be used tax-free for qualified medical expenses. Had the funds remained in the IRA, the amount withdrawn would be subject to income tax (and a 20% penalty if withdrawn before age 59-1/2)

Maximum contributions: 2011: Individual \$3,050 Family \$6,150

Please complete sections 1 - 3 completely and enclose a copy of your last IRA statement.

1. NAME AND ADDRESS

Last Name _____ First Name _____ M.I. _____

SS# _____ - _____ - _____ Telephone including area code (_____) _____

Number and Street _____

City _____ State _____ Zip Code _____

2. INSTRUCTIONS TO IRA CUSTODIAN

IRA Custodian _____

Address _____ City _____

_____ State _____ Zip Code _____

My social security number is _____ - _____ - _____.

My IRA account number with you is _____

I have established a Health Savings Account with Guilford Savings Bank. Please liquidate and transfer

\$ _____ of my account balance for the tax year 20 _____.

3. SIGNATURE

To Current Custodian: Please consider this your authority to transfer the assets from the account listed in Section 2 to my Guilford Savings Bank HSA. Please prepare a check to Guilford Savings Bank, Custodian. Thank you for your prompt handling.

Signature _____ Date _____

4. ACCEPTANCE (to be completed by Guilford Savings Bank).

Please send the check payable to Guilford Savings Bank, Custodian, representing liquidation of funds as indicated above, along with a copy of this form to identify the check as a transfer of assets to:

Guilford Savings Bank
P.O. Box 369
Guilford, CT 06437

Authorized Signature _____ Date _____