



## HSA Rollover Contribution Form

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Guilford Savings Bank HSA #: \_\_\_\_\_

Amount: \_\_\_\_\_

1). Timeline: The funds you receive from the rollover distribution of an HSA must be deposited into another HSA within 60 days after you receive them. "Receipt" generally refers to the day you actually have the funds in your possession. For example, the 60 days would begin once you pick up the check from the previous HSA Trustee/Custodian or when you have received the check in the mail.

I am completing this rollover within the 60 days of receiving this distribution.

Yes  No

2). Twelve Month Restriction: You are entitled to one rollover per year per HSA. Twelve months must pass after the receipt of one distribution that you have rolled over before you may take another rollover distribution from the same HSA.

This is my only rollover distribution from this HSA within the previous 12 months.

Yes  No

I have read and understand the rollover rules and regulations on this form and I have met all the requirements for making a rollover. I understand I am responsible for any consequences of this rollover including any taxes or penalties owed. I agree to indemnify and to hold Guilford Savings Bank harmless of any tax, penalty or other liability resulting in this transaction. Guilford Savings Bank does not offer tax advice. If you have any questions concerning this transaction please consult a tax professional.

Signature: \_\_\_\_\_

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