

ROLLOVER/TRANSFER REQUEST

State Farm Bank® Health Savings Account

This form is used to transfer funds from a Medical Savings Account (MSA), a Health Savings Account (HSA), a Flexible Spending Account (FSA), a Health Reimbursement Arrangement (HRA), or an Individual Retirement Arrangement (IRA) (not including ongoing SEP and SIMPLE IRAs), to a State Farm Bank® Health Savings Account.

If you have any questions or need additional information before completing this form, please call **877-734-2265**. Callers who are hearing or speech impaired should dial 711 or use a preferred Telecommunications Relay Service.

1. Account Information			
First Name	M.I.	Last Name	Social Security Number
Street Address	City	State	ZIP Code
Daytime Telephone	Evening Telephone		

2. Present Custodian, Trustee, or Administrator (company who currently has the account)			
Name			
Street Address	City	State	ZIP Code
Telephone Number	Account Type (MSA, IRA, etc...)		
Account Number			

3. Transfer/Rollover Instructions

- A. Proceeds to be placed in: Existing State Farm Bank HSA Account # _____ New State Farm Bank HSA Account (**Application attached**)
- B. Amount of transfer: All **OR** _____ % **OR** \$ _____ of my present account
- C. Liquidate and transfer proceeds: Immediately **OR** At maturity _____ Date

By properly completing this form, you are certifying that you have satisfied the rules and conditions applicable to your transfer/rollover.

- You are completing the rollover within 60 days of receiving the distribution from the distributing MSA, HSA, FSA, or HRA.
- The assets involved in this transaction have not previously been rolled over from one MSA, HSA, FSA, or HRA to another within the past 12 months.
- A one-time transfer from an IRA to a HSA will count toward your maximum HSA contribution for the current tax year, and generally only one transfer may be made during the lifetime of an individual.
- The assets involved in this transaction have not been received from an ongoing SEP IRA or SIMPLE IRA. For this purpose, a SEP IRA or SIMPLE IRA is ongoing if an employer contribution is made for the plan year ending with or within your tax year in which the transfer to the HSA would be made.
- If the current custodian or trustee requires a signature guarantee and you are not able to obtain one on your own, you may instead provide a notarized signature as detailed in section 5 below.

4. Transfer Authorization

This is your authorization to liquidate and transfer/rollover the value of the assets of the above captioned Health Savings Account, Medical Savings Account, Flexible Spending Account, Health Reimbursement Arrangement, or Individual Retirement Arrangement to a Health Savings Account, established in my name with State Farm Bank as custodian. I certify that the above transfer qualifies as a transfer in accordance with the Internal Revenue Code Section 223 and other applicable and related IRS publications.

Signature of HSA Owner

Date

5. Signature Guarantee

Contact your current Custodian/Trustee to determine if a signature guarantee is required.

A signature guarantee is a written representation signed by an officer or authorized employee of the guarantor, showing that the signature of the owner is genuine. If the current custodian or trustee requires a signature guarantee and you are not able to obtain one on your own, you may instead provide a notarized signature below. If either a signature guarantee or notarized signature is not included on this form, we will be unable to process your request and this form will be returned to you.

I, _____ intend to rollover or transfer assets from the tax-qualified account for which I am
Name of HSA Owner (Please Print)
attaching the most recent quarterly or monthly statement to a similar tax-qualified account at State Farm Bank.

Signature of HSA Owner

Date

Signature Guarantee Stamp



State of _____ County of _____

Signed or attested to before me on this _____ day of _____, _____
Month Year

Signature of Notary Public

Notary Seal

My commission expires: _____, _____
Month/Day Year

6. Did You...

- Attach a recent (less than 12 months) statement for your current account
- Enclose an application (if opening a new account)
- Date and sign all forms
- Mail in the enclosed envelope to:

**State Farm Bank, F.S.B.
Bank Operations Center
P.O. Box 2316
Bloomington, IL 61702-2316**

Upon receipt of forms in good order, we will request the proceeds from the current Custodian/Trustee, which will be invested as directed under Section 3 of this form. A confirmation of the transaction will be sent to you.

(NOTE: If you are transferring the assets to an **existing** State Farm Bank Health Savings Account, you only need to complete the Rollover/Transfer Request Form.)

Remember . . .

- ✓ A separate Transfer/Direct Rollover Form must be completed for each account you wish to transfer to State Farm®.
- ✓ Transferring assets can be a lengthy process. Transferring money usually takes between four to six weeks to complete. Depending on the frequency of distributions taken from your current plan, the transfer could take even longer. Contact your present custodian to determine how often it distributes funds.
- ✓ If you need assistance or have any questions, please call 877-734-2265. Callers who are hearing or speech impaired should dial 711 or use a preferred Telecommunications Relay Service.