



Address for Return Mail
 First Farmers Bank & Trust
 HSA Processing
 PO Box 690
 Converse, IN 46919



765-395-3316 • Fax: 765-395-3486 • www.ffbt.com

HSA ROLLOVER REQUEST

GENERAL INFORMATION

Name		Soc. Sec. #	
Street Address	City	State	Zip
Date of Birth	Daytime Phone #	Home Phone #	

TRANSFER REQUEST

I authorize and direct you, the Custodian/Trustee, to send as a rollover of assets indicated in Section 3 below to the Custodian/Trustee named on the upper left corner of this form. **(Attach a copy of the most recent statement of the account you are transferring.)**

Present Custodian/Trustee's Name	Account #	Phone #	
Street Address	City	State	Zip

PAYMENT INFORMATION

Rollover: I have a check issued by HSA Custodian/Trustee in the amount of \$_____, and I wish to rollover these assets to First Farmers Bank & Trust.

Questions: (To meet IRC eligibility, codes all must be answered NO)

Has more than 60 Days elapsed since I received distribution? Yes No

Did you receive any other distributions in the past 12 Months? Yes No

Have these assets been rolled over in the past 12 Months? Yes No

SIGNATURES

I certify that I have or will establish an account with the Custodian/Trustee named above. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all rollovers and I agree to indemnify and to hold the Custodian/Trustee harmless against any and all situations arising from an ineligible rollover. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional for advice.

The Custodian/Trustee agrees to accept these funds as a rollover.

 Signature of HSA Owner Date

 Signature of Custodian/Trustee Date