



Millennium Trust Company  
 820 Jorie Blvd., Suite 420  
 Oakbrook, IL 60523  
 800.783.4022

www.mtrustcompany.com

**TRANSFER  
 AUTHORIZATION  
 (HSA, MSA and IRA)**

**A ACCOUNT INFORMATION**

Present Trustee/Custodian:

Present Trustee/Custodian Address:

City: State: Zip:

Trustee/Custodian Account No.: Trustee/Custodian Phone No.:

Account Holder Name:

Social Security No.: Phone No.:

**B TRANSFER TO HSA**

**PLEASE NOTE: A complete copy of an account statement with your current Trustee/Custodian MUST be attached before any transfer can be completed. Upon receipt, this original signed form will be submitted for transfer of assets.**

*To request a transfer to your HSA, please review the details for each of the three types of transfers below, check the appropriate option and provide the dollar amount of the transfer.*

*A transfer from an HSA or MSA is a non-taxable transaction and does not count toward your maximum annual contribution limit.*

- 1.)  **Transfer from an HSA to an HSA**
- 2.)  **Transfer from an MSA to an HSA**

**(Note: If choosing transfer type 1 or 2, please select one of the options listed below.)**

- Transfer entire account IN-KIND. (Assets will be re-registered and money market funds transferred in cash.)
- Liquidate all assets and transfer in cash. Estimated amount: \$
- Partial transfer of cash \$
- Partial transfer of IN-KIND assets, see below.

| Quantity<br>(# of Shares or \$ Amount) | Description of Asset<br>(Name of Fund, Security or Asset) | Estimated Value |
|--|---|-----------------|
|  |   |                 |

A transfer from an IRA to an HSA is a once in a lifetime direct tax-free transfer from your IRA custodian or trustee. This transfer does count as a contribution toward your annual HSA contribution limit and may not exceed that limit.

- 3.)  **Transfer from an IRA to an HSA - (must be made in cash)**

Amount: \$ Contribution Year:

**Please continue to page two to complete this form.**



**C ACCOUNT HOLDER ACKNOWLEDGEMENT AND SIGNATURE**

I acknowledge that the assets listed above are held in an IRA/MSA/HSA established and administered under an IRS approved master or prototype plan and that said IRA/MSA/HSA meets the qualifications of the Internal Revenue Code. I understand that Millennium reserves the right to review all assets being transferred over prior to final acceptance as successor custodian. To expedite the transfer, I have provided Millennium with complete information, and I will check with my current Trustee to determine when the transfer will be processed.

Please check with your current Trustee/Custodian to determine if a Medallion Signature Guarantee is required.

**[Medallion Signature Guarantee Stamp Here]**

*A Medallion Signature Guarantee may be obtained from an authorized officer at a brokerage firm, bank or other financial institution. Certification by a notary public is not a substitute for a signature guarantee.*

Account Holder's Signature \_\_\_\_\_

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

This form will be sent to your current Custodian by regular U.S. Mail unless overnight delivery is requested.

- Yes, I authorize Millennium to send by overnight delivery (A \$25 fee will be charged to your account).

**D DELIVERY INSTRUCTIONS**

**All DTC-Eligible:**

Fifth Third Bank  
 Participant # 2116, FFC A/C#: 010039362096  
 A/C Name: Millennium Trust Co., LLC, Agent Bank # 10016  
 Institutional ID: #53807  
 F/C: [Enter Client Account Number Here]

**Book-Entry/Bonds:**

ABA # 042000314 / Fifth Cin / 1050  
 FFC A/C#: 010039362096  
 A/C Name: Millennium Trust Co., LLC  
 F/C: [Enter Client Account Number Here]

**Fed-Wires:**

Bank Name: The Private Bank  
 Bank ABA No.: 071006486  
 Account Number: **2207967**  
 Account Title: (Client Name) - HSA

**Mutual Funds Transfers:**

Do not establish FBO Account (To be completed by MTC)

Client Name: \_\_\_\_\_

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

Acct No.: \_\_\_\_\_

Description of Asset: \_\_\_\_\_

# of shares / All: \_\_\_\_\_

Fund Acct #: \_\_\_\_\_

**Checks:**

Millennium Trust Company  
 Attn: HSA Manager  
 820 Jorie Blvd., Suite 420  
 Oak Brook, IL 60523  
 Client Name: \_\_\_\_\_

**PLEASE DO NOT FAX THIS FORM.**

|   |                    |
|---|--------------------|
| <b>For use by Millennium Trust Only</b>   | Date: _____        |
| Millennium Trust Company, LLC will accept the above captioned account as successor Custodian. |                    |
| Authorized Officer _____  | Account No.: _____ |
| (Tax Identification No. 36-4400066)   | Date Mailed: _____ |