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 Clearing services provided by Hilltop Securities, Inc. Member: NYSE/FINRA/SIPC

HSA Rollover Contribution Documentation

1. HSA Participant Information.

Participant's Name: _____ Account No: _____
 Residence Address: _____
 SSN: _____ Birthdate: _____ Home Phone #: _____ Bus. Phone #: _____
 Form of Rollover/Direct Rollover: In Cash \$ _____ In Kind (Specify): _____

2. Rollover Information.

Rollover from: _____
 Cash Amount*: \$ _____

If you are rolling over securities, please describe below. (Please provide the number of shares. We cannot process the request based on a dollar amount.)

| Asset Description | Quantity | Asset Description | Quantity |
|-------------------|----------|-------------------|----------|
| | | | |
| | | | |

***Note:** Please make checks made payable to Hilltop Securities Inc.

3. Rollover From Another HSA or an Archer MSA.

- I certify that the following statements are true and correct.
1. This rollover contribution is being made within 60 days after my receipt of funds from another HSA or an Archer MSA, in which I was either the participant or surviving spouse beneficiary.
 2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same HSA which was subsequently rolled over to another HSA, and the distribution being rolled over has not been part of a distribution from another HSA that was subsequently rolled over.

4. Signature of HSA Participant.

The undersigned hereby irrevocably elects to treat this contribution as a rollover contribution. I understand that this will not be a valid HSA rollover unless the statements above are true and correct. I understand that rollover contributions are reported to the IRS. I hereby release the Trustee/Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

X _____
 Participant Signature Date

 Participant Printed Name

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X _____
 Authorized Signature of Custodian Date