



Health Savings Account (HSA) Consolidation of UMB HSAs

Instructions for HSA owner

As the HSA Owner you are required to complete Sections A, B, C & D.

1. Make sure to include your **Phone Number** in Section A. It may be necessary for UMB to contact you with follow-up questions.
2. Make sure to accurately include your **Account Numbers** in sections C & D. UMB will be able to process your HSA funds transfer quicker if it has these critical pieces of information. (Your Account Number is 10 digits in length and begins with a 98XXXXXXXX)
3. After reading the entire form and reviewing each of the boxes to make sure all information is correct; sign and date the form in the space provided.
4. Send this Consolidation form to: **HSAformprocessing@umb.com**
 or Fax to: 816.843.2247
 or Mail to: UMB Bank, n.a.
 Attn: HSA Department
 P.O. Box 419226
 Kansas City, MO 64141

I am the owner of one or more HSAs with UMB as custodian (a UMB HSA). I wish to have all the funds in UMB HSA(s) as indicated in Section B below, OR as identified when using the information provided in Section C below, including any invested funds, transferred to the UMB HSA set forth in Section C below.

A. Individual HSA Owner

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY
PHONE NUMBER			

B. UMB HSA(s) to be Transferred. NOTE - Account(s) listed in this section will be closed.

Please provide 9-digit UMB HSA account number(s) below, or if unknown, fully complete section C below.

UMB HSA #1 Account Number

UMB HSA #2 Account Number (if applicable)

C. UMB HSA to Received Transferred Funds. NOTE - This account will remain open.

Please provide 9-digit UMB HSA Account below, or if unknown, fully fully answer the other questions in this section.

HSA Account Number (if unknown, answer the questions below)

Who is your Employer?

Who is your benefits provider / administrator?

What is the web address you use to view your HSA account online?

Who is your health plan provider?



Health Savings Account (HSA)

Consolidation of UMB HSAs

UMB Bank, n.a. (UMB) has agreed to serve as Custodian of HSAs (within the meaning of IRC Section 223) for the individual HSA Owner identified in Section A above and is willing to transfer funds in accordance with the HSA Owner's instructions.

The HSA Owner, by his or her signature below, hereby directs UMB to transfer the funds held in the UMB HSA set forth in Section B above, including any invested funds, to the UMB HSA set forth in section C above.

Pursuant to IRS Publication 969 if you instruct the trustee of your HSA to transfer funds directly to the trustee of another of your HSAs, the transfer is not considered a rollover. There is no limit on the number of these transfers. You do not include the amount transferred in income, deduct it as a contribution, nor include it as a distribution on Form 8889.

I certify that the information contained on this form is true and correct. I direct UMB to transfer all of the funds in the UMB HSA set forth in Section B above, including any invested funds, to the UMB HSA set forth in Section C above, as set forth in this form. I understand that I am responsible for properly identifying the HSA from which funds will be transferred from and to, and UMB will make best efforts to properly identify the HSA based upon the information I provide. I understand and agree that if UMB is unable to identify the HSA from which funds are to be transferred to and from that no funds will be transferred until such time as the HSAs can be identified. I additionally understand that UMB may contact me for additional information related to my UMB HSAs and may request that I complete a new form based upon that information or other information UMB has in its records about my HSA relationship with them. I understand I am responsible for any tax consequences of this action and I will not seek to hold UMB responsible for such tax consequences should any occur. I indemnify and agree to hold UMB harmless against any liabilities for following these instructions or for transferring funds to or from an HSA that is improperly or incompletely identified on this form.

Signature of HSA Owner X

Date:
