RESET FORM

HEALTH SAVINGS ACCOUNT (HSA) TRANSFER REQUEST

Voya Benefits Company, LLC
A member of the Voya® family of companies
Customer Service: PO Box 929, Manchester, NH 03105
Phone: 833-232-4673; Fax: 855-370-0670; Email: voyasupport@voya.benstrat.com

Health Savings and Spending Accounts, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Administration services provided by WEX Health, Inc. and Benefit Strategies, LLC.

IMPORTANT INFORMATION

This Health Savings Account (HSA) is a custody account with Healthcare Bank serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement and Cardholder Agreement. Healthcare Bank deposit products that are held in the HSA are Federal Deposit Insurance Corporation (FDIC) insured, subject to FDIC insurance limits. FDIC insurance is determined on end-of-day ledger balances in your deposit account which may include funds deducted from your available balance for investment purchases that have not yet settled.

Non-deposit investment products, such as mutual funds, are not deposits or obligations of, or guaranteed by Healthcare Bank or any of its affiliates, nor are they insured by the FDIC, or any other government agency. Past returns of investment products do not guarantee future results. Mutual fund prospectuses provide detailed information about fund investment objectives and fees. Read a mutual fund's current prospectus carefully before investing. Healthcare Bank does not provide legal, tax, or investment advice to HSA account holders. Contact a qualified accountant, attorney or investment adviser for tax, legal or investment advice.

Use this form to request your previous trustee/custodian to transfer all or a portion of assets from another HSA, or Individual Retirement Account (IRA) into your Voya Financial HSA. Complete each section and send the completed form to your previous trustee or custodian for processing. Transfers may take 3 to 6 weeks depending on your previous trustee/custodian's processing time.

If you have any questions about HSAs or completing this form, contact Customer Service at 833-232-4673 (Live customer support 24x7).

Transfer Process:

1. Complete all sections of this form.

2. Mail or fax your form to the transferring trustee/custodian listed in Section 2.

STEP 1: CONSUMER INFORMATION

Consumer Name *(Required) (First)* _____ *(Last)* _____

Employer Name *(If sponsored by an employer plan.) (Required)* _____

Birth Date *(mm/dd/yyyy) (Required)* _____ Social Security Number (SSN) *(Required) (Last 4 digits only.)* _____

Daytime Phone *(Required)* (_____)_____ Email _____

Address *(Required)* _____

City _____ State _____ ZIP _____

STEP 2: TRANSFERRING TRUSTEE/CUSTODIAN INFORMATION

Transferring Trustee/Custodian Name *(Required)* _____

Contact Name *(Required) (First)* _____ *(Last)* _____

Address *(Required)* _____

City _____ State _____ ZIP _____

Account Number or Identification *(Required)* _____

STEP 3: TRANSFER INSTRUCTIONS

3a. Originating Account Type *(Select one.)*: ☐ HSA ☐ Archer Medical Savings Account (MSA) ☐ IRA

3b. Total Amount to Transfer *(Select one.)*:

- ☐ Entire Account Balance
  - ☐ Keep my Account Open
  - ☐ Close my Account
- ☐ Specific Dollar Amount $_____

3c. Transfer by check, payable to: **Voya Financial as HSA Administrator of *(Owners' Name)***

3d. Mail check **attached to this form** to: Voya Financial, PO Box 929, Manchester, NH 03105

STEP 4: IMPORTANT INFORMATION

Eligibility for HSA Transfer

You may only transfer funds into a Voya Financial HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the account holder of the transferring HSA, Archer MSA or IRA, the surviving spouse of a deceased account holder, or the former spouse of the account holder who is receiving an interest in the HSA, Archer MSA or IRA pursuant to a divorce or separation agreement.

One-Time Transfer from a Roth or Traditional IRA to an HSA

IRA transfers count toward and are limited to your maximum HSA contribution for the year. The amount of your IRA transfer is not allowed as a deduction. Your funds will be returned in the event that the deposit amount, when added to your total cumulative year-to-date contribution, exceeds the maximum annual contribution threshold as determined by the Internal Revenue Service (IRS). Generally, only one transfer may be made during the lifetime of an individual.

Penalties may apply if High Deductible Health Plan (HDHP) coverage does not continue for 12 months. This transfer option does not apply to Simplified Employee Pension (SEP) or SIMPLE IRAs.

Excess Contributions

You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to a Voya Financial HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify Voya Financial and request a withdrawal of the excess contribution together with any net income attributable thereto.

Investments

Your HSA will be invested as provided under your HSA arrangement with Voya Financial.

Additional Information about HSAs

See IRS Publication 969 Health Savings Accounts and other Tax Favored Health Plans for additional information about HSAs. This publication is available free from the Internal Revenue Service and is available through the IRS website: www.irs.gov.

Direct Rollover

If you have already received a distribution from your HSA or IRA, you may be eligible to make a rollover into your Voya Financial HSA (instead of a transfer). Rollovers can be deposited into your Voya Financial HSA via the HSA Contribution Request.

STEP 5: ACKNOWLEDGMENT

I hereby acknowledge that, due to the important tax consequences relating to transferring or rolling over funds to an HSA, I have been advised to see a tax professional. State tax laws may vary, and I agree that Voya Financial makes no representation as to the tax effect of this transfer under state law. I also acknowledge that my decision to transfer/rollover funds to my Voya Financial HSA is completely voluntary. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer and I agree that Voya Financial and its subcontractors shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by the transferring trustee or custodian and Voya Financial.

STEP 6: SIGNATURE

I acknowledge that I have established an HSA with Voya Financial and I have read and understand the Transfer Instructions, Important Information and Acknowledgment provisions that are included in this HSA Transfer Request Form.

Consumer Signature *(Required)* _____ Date *(Required)* _____

Authorized Signature of Healthcare Bank as Custodian Michael S. Solberg _____