

<b>A:</b>	<b>Health Savings Account Owner Information (please print)</b>
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Your name _____ Home address _____ City _____ State _____ Zip _____	Home phone (____) _____ Daytime phone (____) _____ Social Security _____ / _____ / _____
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<b>B:</b>	<b>Direct Transfer <u>from</u> the following Trustee or Custodian</b>
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Name _____	Phone (____) _____
Street Address _____ City _____ State _____ Zip _____	
IRA Account # _____	

<b>C:</b>	<b>Contribution Amount</b>
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The Internal Revenue Service rules allows for a one-time contribution to a health savings account during the accountholders lifetime.

The transfer amount is limited to the maximum HSA Contribution for the tax year. The IRA Transfer plus any other contributions must not exceed the maximum Contribution limits for the tax year.

To avoid taxes and penalties, you must retain your qualified high deductible health plan for the entire period used to determine you maximum contribution limit. We recommend you consult a tax professional.

<b>D:</b>	<b>DIRECT TRANSFER</b>
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Please directly transfer the following amounts into my HSA with Freedom HSA Account Custodian  
 A part of my account equal to \$ \_\_\_\_\_ from the following assets

Asset name	CUSIP/Asset ID#	\$ Amount or % of Transfer Amount

All checks should be payable to Madison National Life Insurance Company, Inc. and sent to the address shown below.

<b>E: Signature of Account Owner</b>	<b>F: Accepting Account Custodian</b>
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I authorize the transfer of the account assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by Custodian and its authorized administrator. I understand rollover rules and this transaction meets requirements for rollover contributions. I have been advised to see a tax professional.	Our organization agrees to serve as Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.
_____ Signature <span style="margin-left: 200px;">_____</span> <span style="margin-left: 200px;">Date</span>	_____ Signature <span style="margin-left: 200px;">_____</span> <span style="margin-left: 200px;">Date</span>
Madison National Life Insurance Company, Inc c/o IHC Health Solutions, Inc. 8009 34 <sup>th</sup> Ave. S., Ste 360 Bloomington, MN 55425	