

<b>A:</b>	<b>Health Savings Account Owner Information (please print)</b>		
Your name _____		Home phone (____) _____	
Home address _____		Daytime phone (____) _____	
City _____ State _____ Zip _____		Social Security _____ / _____ / _____	
<b>B:</b>	<b>Rollover <u>from</u> the following Trustee or Custodian</b>		
Name _____		Phone (____) _____	
Street Address _____		City _____ State _____ Zip _____	
Account Type <input type="checkbox"/> HSA <input type="checkbox"/> MSA			
Type of Rollover <input type="checkbox"/> Indirect: Check issued to account owner - Complete Section C			
<input type="checkbox"/> Direct transfer: Custodian to Custodian - Complete Section D			
<b>C:</b>	<b>INDIRECT ACCOUNT ROLLOVER ONLY (to be an eligible rollover, all of the following must be answered NO.)</b>		
1) Have more than 60 days elapsed since you received the distribution from the distributing account? .....			<input type="checkbox"/> YES <input type="checkbox"/> NO
2) Did you receive any other distributions from the distributing account during the preceding 12 months which you also rolled over? .....			<input type="checkbox"/> YES <input type="checkbox"/> NO
3) Have the assets involved in this transaction been previously rolled over from one account to another within the past 12 months? .....			<input type="checkbox"/> YES <input type="checkbox"/> NO
Amount of rollover contribution: \$ _____			
<b>D:</b>	<b>DIRECT TRANSFER ROLLOVER</b>		
Please directly transfer the following Rollover amounts into my HSA with Freedom HSA Account Custodian			
<input type="checkbox"/> the entire account balance - This transfer <input type="checkbox"/> <b>will</b> <input type="checkbox"/> <b>will not</b> close the account.			
Check One: <input type="checkbox"/> Immediately liquidate all assets and send the cash proceeds			
<input type="checkbox"/> A part of my account equal to \$ _____ or the following assets			
Check One: <input type="checkbox"/> Immediately liquidate all assets and send the cash proceeds			
<input type="checkbox"/> Send the cash proceeds of all investments at maturity			
<input type="checkbox"/> Send the cash proceeds of assets at maturity for the investments below			
<u>Investments</u>		<u>Maturity Date</u>	
_____		_____	
_____		_____	
All checks should be payable to Madison National Life Insurance Company, Inc. and sent to the address shown below care of IHC Health Solutions.			
<b>E:</b>	<b>Signature of Account Owner</b>	<b>F:</b>	<b>Accepting Account Custodian</b>
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		_____ Signature	
_____ Date		_____ Date	
Madison National Life Insurance Company, Inc c/o IHC Health Solutions, Inc. 8009 34 <sup>th</sup> Ave. S., Ste 360 Bloomington, MN 55425			