



Individual Retirement Account (IRA) Rollover or Transfer Request Form

Use this form to authorize the rollover or transfer of Individual Retirement Account (IRA) assets currently held by another Custodian/Trustee (Administrator) to your Exante Bank Health Savings Account (HSA). Fax your completed form to 1-866-314-9795 or mail to Exante Bank, P.O. Box 271629, Salt Lake City, Utah, 84127-1629. If you have questions, please refer to the phone number on the back of your HSA Card. Our representatives are available to assist you from 8:00 a.m. to 7:00 p.m. Eastern time.

1 INFORMATION ABOUT YOUR ACCOUNTS The name on the IRA being transferred must match the name on the Exante Bank HSA. If you do not yet have an HSA with Exante Bank, establish a new account online at ExanteBankHSA.com, or include the HSA application with this request. To transfer funds into your Exante Bank HSA from a standard checking account, please contact customer service or complete the transfer online via eContribute.

Your Exante Account

Account Being Transferred

Exante Account Number (if available)

Social Security Number

Account Holder Name

Name of Administrator Holding your IRA Account

Account Holder Address

Account Holder Name

City, State ZIP

Phone Number of Administrator

Daytime Phone Number

Address of Administrator

Account Number at Administrator

2 YOUR IRA ROLLOVER OR TRANSFER TO EXANTE - Please check an option for transferring IRA funds to your HSA. Please note that all transfers from your IRA will count towards your annual IRS maximum for HSA contributions.

IF YOU WOULD LIKE YOUR IRA ADMINISTRATOR TO TRANSFER SPECIFIC IRA ASSETS MANAGED IN YOUR IRA (SPECIFIC TAX LOTS, SHARES, ETC), YOU WILL NEED TO INITIATE THE TRANSFER AT THE CURRENT ADMINISTRATOR. PLEASE HAVE ALL FUNDS SENT TO EXANTE AND REFERENCE YOUR ACCOUNT NUMBER AND INDICATE THAT THE FUNDS ARE BEING SENT FROM YOUR IRA.

Choose One

IRS Maximum for Individuals in 2007 \$ 2,850

IRS Maximum for Families in 2007 \$ 5,650

Other amount to transfer to Exante \$ _____

3 OWNER AUTHORIZATION AND AGREEMENT OF TERMS
Include a copy of your most recent statement for the account being transferred to Exante with this form.

I have read and understand the rules and conditions on this form and I have met the requirements for making a transaction. Due to the important tax consequences when moving funds in an HSA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Exante Bank. I assume full responsibility for this transaction and will not hold Exante Bank liable for any adverse consequences that may result.

To current IRA Administrator: Transfer the designated assets in my account to the HSA established in my name. I understand that you will contact me with respect to the disposition of any other assets in my account that are not transferable. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation.

**FOR CURRENT ADMINISTRATOR ONLY,
please send check & form to:**

Exante Bank, Member FDIC
P.O. Box 271629
Salt Lake City, UT 84127-1629

X _____
Signature of Account Holder Date