HSA (Health Savings Account)

TRANSFER REQUEST

Name of Financial Organization

HSA Owner Information

Name

Address

City/State/Zip

Social Security Number | Date of Birth

Daytime Phone Number | Home Phone Number

Name and Address of Current Trustee/Custodian

Acceptance

By the authorized signature below, the receiving HSA Trustee/Custodian agrees to accept the transferred assets and to deposit them into an IRS-approved HSA.

Transfer Authorization to Current Trustee/Custodian

Please transfer the following ☐ HSA ☐ Archer MSA ☐ FSA ☐ HRA ☐ IRA assets:

- ☐ the entire balance
- ☐ only the balance in these account(s): #_____ #_____ #_____
- ☐ other (specify) _____

Please transfer the assets ☐ immediately* ☐ at maturity ☐ on (specify date): _____ *

*I understand that penalties for early withdrawal may apply.

Transfer to: _____ , Trustee/Custodian for
Name of Receiving HSA Trustee/Custodian

_____ , HSA
Name of HSA Owner

Transfer Method:

☐ Mail check to:

Address of Receiving HSA Trustee/Custodian | City/State/Zip | Attention

☐ Wire funds to:

Routing Number of Receiving HSA Trustee/Custodian | Account Number | Account Title

Please return one copy of this form to the receiving HSA Trustee/Custodian.

Signatures

I, the HSA owner, certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of HSA Owner | Date | Signature of Receiving Trustee/Custodian | Date

Office Use Only