

Health Savings Account Direct Transfer Request Form



Important Information: Please read before completing this form.

- Complete this form to authorize HSA Bank to receive a transfer of assets directly from a Health Savings Account (HSA) or Medical Savings Account (Archer MSA) into your HSA at HSA Bank.
- **Mail your completed form to the Trustee or Custodian who is currently holding your assets and will be transferring funds to your HSA at HSA Bank.**
- You must open an HSA with HSA Bank prior to completing this form. Please visit us at www.hsabank.com to enroll today.
- For an HSA Rollover involving a check: Complete the *Health Savings Account Rollover Request Form*, available on the Member Website.
- For an IRA to HSA Transfer: Complete the *IRA to HSA Transfer Form*, available on the Member Website.
- Note: Transfers may take 4 to 6 weeks depending on the transferring Trustee/Custodian's processing time.

PART 1: ACCOUNTHOLDER INFORMATION

First Name:			Middle Initial:		Last Name:					
Street Address:				City:			State:		Zip Code:	
Daytime Phone Number:					Email Address:					
HSA Bank Account Number: (8 or 12 digits from the Member Website (Accounts tab). The account number is NOT the same as your debit card number.)										
Full 9-digit Social Security Number:						-			-	

PART 2: REQUEST TYPE

This form is being submitted to my current Trustee/Custodian to request a Trustee-to-Trustee Transfer. I currently have HSA funds with my current Trustee/Custodian and want to transfer the funds directly to HSA Bank.

Account Number at Current Trustee/Custodian:

PART 3: TRANSFER INSTRUCTIONS

Transfer the entire account balance.

Partial Transfer. Please transfer \$ _____ to HSA Bank and DO NOT close my account with your organization.

RULES AND CONDITIONS APPLICABLE TO TRANSFERS

Eligibility for HSA Transfer:
 You may only transfer funds into an HSA from an HSA, Archer MSA, or IRA. You may only transfer funds if you are: 1) the accountholder of both the receiving and transferring HSA, Archer MSA, or IRA; 2) the surviving spouse of a deceased accountholder; or 3) the former spouse of the accountholder who is receiving an interest in the HSA, Archer MSA, or IRA pursuant to a divorce or separation agreement.

INSTRUCTIONS FOR THE CUSTODIAN

Make check payable to "HSA Bank For the Benefit Of [Owner's Name]" and mail check, along with this fully completed form, to: HSA Bank, P.O. Box 939, Sheboygan WI 53082. Include full social security number or full HSA Bank account number.

PART 4: SIGNATURES

I have read and understand the rules and conditions on the bottom of this form and I have met the requirements for making the designated transaction. Due to the important tax consequences of the designated transaction I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this transaction and will not hold HSA Bank liable for any adverse consequences that may result.

Accountholder Signature:	Date:
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Provided that the HSA Bank HSA is opened and in good order, HSA Bank agrees to serve as the Custodian for the HSA of the above-named individual. As Custodian, HSA Bank agrees to accept the transferred assets, which should clearly identify the individual whose HSA is to be credited.

Authorized Signature of Accepting HSA Custodian: *Jenna Harrison*