

# HSA TRANSFER REQUEST

<b>RECIPIENT'S NAME AND ADDRESS</b> <i>(Individual requesting the transfer)</i>			<b>CURRENT HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS</b>	
<b>HSA Account Identification (Transferring HSA)</b>		<b>Trustee's or Custodian's Phone Number</b>		
<b>Recipient's Social Security Number</b>	<b>Recipient's Date of Birth</b>	<b>Recipient's Home Phone</b>	<b>Original HSA Owner's Name</b> <i>Complete only if recipient is not original HSA owner.</i>	
			<b>Original HSA Owner's Social Security Number</b>	

TRANSFER INSTRUCTIONS	
<p>Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the HSA identified above in the manner listed below.                      Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____                      This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA.                      Please make a check payable as follows.  <b>NOTE:</b> Complete one of the following applicable options. If more than one option applies, complete a separate form per transaction.</p>	
OPTION ONE HSA Owner Transfer	OPTION TWO HSA Transfer Due to Divorce
<p style="text-align: center;">_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of HSA Owner) HSA.</p>	<p style="text-align: center;">_____ (Name of Accepting Organization) as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian of the _____ (Name of Former Spouse) HSA.</p>

ASSET HANDLING INSTRUCTIONS					
Asset Description	Quantity or Amount in HSA	Quantity or Amount to be Transferred	Liquidate Immediately	Liquidate at Maturity	Distribute in Kind
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE
<p>I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.</p> <p>I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.</p> <p style="text-align: center;">_____ (Recipient) <span style="margin-left: 150px;">_____ (Date)</span></p> <p style="text-align: center;">_____ (Notary Public/Signature Guarantee) <span style="margin-left: 150px;">_____ (Date)</span></p>

ACCEPTING HSA TRUSTEE OR CUSTODIAN
<p>Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.</p> <p>Account Identification of Accepting HSA _____                      _____                      _____                      _____</p> <p style="text-align: center;">_____ (Authorized Signature of New Trustee or Custodian) <span style="margin-left: 150px;">_____ (Date)</span></p>