



# HSA TRANSFER REQUEST

<b>HSA ACCOUNT OWNER'S NAME AND ADDRESS (Transferring HSA)</b>	<b>CURRENT HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS</b>

<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Home Phone</b>	<b>HSA Account Identification and Type (Transferring HSA)</b>	<b>Trustee's or Custodian's Phone Number</b>

<b>FORMER SPOUSE INFORMATION</b>	
<i>Note: This section should be completed if the former spouse is receiving the HSA through a divorce settlement.</i>	
<b>Former Spouse's Name and Address</b>	
<b>Social Security Number</b>	<b>Date of Birth</b>
<b>Phone</b>	

<b>TRANSFER INSTRUCTIONS</b>
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the HSA identified above in the following manner.  Please make a check payable as follows:  _____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <small>(Name of Accepting Organization)</small>  of the _____ HSA. <small>(HSA Account Owner's Name)</small>  This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA.

<b>ASSET LIQUIDATION INSTRUCTIONS</b>					
Asset Description	Quantity In HSA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SIGNATURE OF HSA ACCOUNT OWNER OR FORMER SPOUSE</b>
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.          <hr style="width: 80%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 0;"> <span><small>(HSA Account Owner's or Former Spouse's Signature)</small></span> <span><small>(Date)</small></span> </div>

<b>ACCEPTING HSA TRUSTEE OR CUSTODIAN</b>
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.  Account Identification of Accepting HSA _____  _____ _____ _____ _____  <hr style="width: 80%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 0;"> <span><small>(Authorized Signature of New Trustee or Custodian)</small></span> <span><small>(Date)</small></span> </div>