



HSA TRANSFER REQUEST

| HSA ACCOUNT OWNER'S NAME AND ADDRESS (Transferring HSA) | | | CURRENT HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS | |
|--|---------------|------------|---|--|
| | | | | |
| Social Security Number | Date of Birth | Home Phone | HSA Account Identification (Transferring HSA) | Trustee's or Custodian's Phone Number |
| | | | | |

| FORMER SPOUSE INFORMATION | TRANSFER INSTRUCTIONS | | | | | | | | |
|--|------------------------|---------------|--|--|-------|--|--|--|---|
| <p><i>This section should be completed if the former spouse is receiving the HSA as a result of a property settlement.</i></p> <p style="text-align: center;">Former Spouse's Name and Address</p> <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Social Security Number</th> <th style="width: 50%;">Date of Birth</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <th colspan="2" style="text-align: center;">Phone</th> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> | Social Security Number | Date of Birth | | | Phone | | | | <p>Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the HSA identified above in the following manner.</p> <p>Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____</p> <p>Please make a check payable as follows:</p> <p style="text-align: center;">_____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <small>(Name of Accepting Organization)</small></p> <p>of the _____ HSA. <small>(Name of HSA Account Owner)</small></p> <p>This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA.</p> |
| Social Security Number | Date of Birth | | | | | | | | |
| | | | | | | | | | |
| Phone | | | | | | | | | |
| | | | | | | | | | |

| 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 OF HSA ACCOUNT OWNER OR FORMER SPOUSE | |
|--|--------------------------------|
| <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> | |
| _____ <small>(HSA Account Owner or Former Spouse)</small> | _____ <small>(Date)</small> |
| _____ <small>(Notary Public/Signature Guarantee)</small> | _____ <small>(Date)</small> |

| 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>_____</p> <p>_____</p> <p>_____</p> | |
| _____ <small>(Authorized Signature of New Trustee or Custodian)</small> | _____ <small>(Date)</small> |