

TRANSFER REQUEST

PART 1. RECIPIENT

Individual requesting the transfer

Name (First/MI/Last) _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

RELATIONSHIP TO CURRENT OWNER (Select one)

I am the current account owner.

I am the former spouse of the current account owner.

PART 3. CURRENT ACCOUNT OWNER

Name (First/MI/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one) HSA Archer MSA

PART 2. ACCEPTING HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian receiving the assets

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____ Organization Number _____

PART 4. CURRENT ACCOUNT TRUSTEE OR CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

Contact Name _____

PART 5. TRANSFER INSTRUCTIONS If transferring assets in kind, a copy of a recent account statement is required.

TRANSFER OPTIONS (Select one)

One-Time Transfer

Transfer Amount _____ Transfer Date _____

Entire Account Balance This Transfer Will Close the Current Account

Recurring Transfer

Transfer Amount _____ Transfer Start Date _____

Frequency (Select one) Monthly Quarterly Semi-Annually Annually Other _____

MAKE PAYABLE TO

_____ as Trustee or Custodian of _____ HSA
 Name of Accepting HSA Trustee or Custodian Name of Recipient

ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Transferred	Special Instructions	Liquidate	Reissue	Dividend Option	
					Reinvest*	Cash
_____	_____	_____	<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"/>

* Default

PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

X _____
 Signature of Recipient

 Date (mm/dd/yyyy)

X _____
 Notary Public/Signature Guarantee (If required by the trustee or custodian)

 Date (mm/dd/yyyy)

X _____
 Authorized Signature of Accepting Trustee or Custodian

 Date (mm/dd/yyyy)