

Instructions

1. Complete this form and [send it to Current Custodian/Trustee] or [return it to Partner Name] to initiate a direct transfer of funds from your HSA with [Current Custodian/Trustee].
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call [Partner Name] at [Telephone Number].

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number		Date of Birth
Telephone Number	Email Address	
Street Address		
City	State	Zip Code

Transfer Instructions for Current Custodian/Trustee (current financial institution from which you are *transferring* HSA funds)

Current Custodian/Trustee Name	Current Custodian/Trustee Contact Name/Phone Number
Current Custodian/Trustee Address	Current Custodian/Trustee City, State and Zip Code
Current Custodian/Trustee HSA/MSA/IRA Account Number	
Transfer from (choose one): <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA	This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA/MSA/IRA.
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part \$ _____ of my HSA/MSA/IRA in the following manner:	

☐ Please make a check payable as follows: [HealthcareBank or Partner Bank] FBO: _____ HSA
Accountholder Name

Transfer checks should be sent to [HealthcareBank at 3100 13th Avenue South, Fargo, ND 58103] or [Partner Bank at Partner Bank Address] with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.

Signature of Accountholder

I authorize the transfer of the HSA assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring Custodian/Trustee and [HealthcareBank or Partner Bank]. Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold [HealthcareBank, Partner Bank or Partner Name] liable for any adverse consequences that may result.

Signature of HSA Accountholder _____ Date _____

Accepting HSA Custodian

[HealthcareBank or Partner Bank] agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred.


[Authorized Signature of Accepting HSA Custodian]