

HSA Transfer Form

Purpose and Instructions: Use this form to transfer funds into your Health Savings Account at the custodian/trustee named above. Complete and return it to the custodian/trustee named above along with an HSA Application if you are a new client. You can use this form to transfer assets from another Health Savings Account, a Medical Savings Account (MSA), an Individual Retirement Account (IRA), a Flexible Savings Account (FSA) or a Healthcare Reimbursement Account (HRA) into this HSA.

1. Personal Information (information about you)

Name _____ Soc. Sec # _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Date of Birth _____

2. Transfer Request (information about the current holder of the funds)

A. Transfer Type (select one)

- Transfer from another HSA or MSA (most common)
- Transfer from an IRA (only allowed once per lifetime – check rules)
- Transfer from FSA or HRA (only allowed in limited circumstances)

B. Current Holder of Assets (provide information on the current holder of your HSA, MSA, IRA, HRA or FSA assets)

Current Custodian/Trustee Name _____
 Current Custodian Address _____
 Current Account # _____

C. Instructions on Transfer (select one)

- Immediately liquidate all assets and send the cash proceeds (most common)
- Other (for special circumstances – please write instructions below)

3. Signatures. I have an HSA, MSA, FSA, HRA or IRA at the about listed custodian, trustee or administrator and I certify that all the above information is correct. I understand the rules regarding transferring the funds and I agree to seek my own tax or legal advice, if I deem it necessary. I authorize and request that you, the present holder of my funds, transfer the assets to my HSA custodian/trustee named on the top right of this form.

HSA Owner's Signature _____ Date _____

The HSA custodian or trustee listed on the top right of this form agrees to accept the transfer described above and serve as the custodian or trustee for the HSA.

Receiving Custodian/Trustee's Signature _____ Date _____