Health Savings Account Direct Transfer Request Form



Complete this form to authorize HSA Bank to receive a transfer of assets directly from a Health Savings Account (HSA) or Medical Savings Account (Archer MSA) into your HSA at HSA Bank.

IMPORTANT: Mail your completed form to the Trustee or Custodian who is currently holding your assets and will be transferring funds to your HSA at HSA Bank.

- Please be sure your account at HSA Bank is open and active prior to submitting this form. If you don't have an open account at HSA Bank, funds will be returned to the prior Custodian.
- For an HSA Rollover involving a check, complete the *Health Savings Account Rollover Request Form*, available on the Member Website.
- For an IRA to HSA Transfer, complete the *IRA to HSA Transfer Form*, available on the Member Website.
- Note: Transfers may take 4 to 6 weeks depending on the transferring Trustee/Custodian's processing time.

All fields are required.

PART 1: ACCOUNTHOLDER INFORMATION

First Name:	Middle Initial:	Last Name:		
Street Address:	City:		State:	Zip Code:
Daytime Phone Number:	Email Address:			

HSA Bank Account Number:

(8 or 12 digits from your Welcome Kit or Member Website (Accounts tab). The account number is **NOT** the same as your debit card number.)

Full 9-digit Social Security Number:				-			-				

PART 2: REQUEST TYPE

This form is being submitted to my current Trustee/Custodian to request a Trustee-to-Trustee Transfer. I currently have HSA funds with my current Trustee/Custodian and want to transfer the funds directly to HSA Bank.

Account Number at Current Trustee/Custodian:

PART 3: TRANSFER INSTRUCTIONS

☐ Transfer the entire account balance.

☐ Partial Transfer. Please transfer $_____ to HSA Bank and DO NOT close my account with your organization.

RULES AND CONDITIONS APPLICABLE TO TRANSFERS

Eligibility for HSA Transfer:

You may only transfer funds into an HSA from an HSA, Archer MSA, or IRA. You may only transfer funds if you are: 1) the accountholder of both the receiving and transferring HSA, Archer MSA, or IRA; 2) the surviving spouse of a deceased accountholder; or 3) the former spouse of the accountholder who is receiving an interest in the HSA, Archer MSA, or IRA pursuant to a divorce or separation agreement.

INSTRUCTIONS FOR THE CUSTODIAN

Make check payable to "HSA Bank For the Benefit Of [Owner's Name]" and mail check, along with this fully completed form, to: HSA Bank, P.O. Box 251, Sheboygan, WI 53082. Include full social security number or full HSA Bank account number.

PART 4: SIGNATURES

I have read and understand the rules and conditions on the bottom of this form and I have met the requirements for making the designated transaction. Due to the important tax consequences of the designated transaction I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this transaction and will not hold HSA Bank liable for any adverse consequences that may result.

Accountholder Signature:	Date:

Provided that the HSA Bank HSA is opened and in good order, HSA Bank agrees to serve as the Custodian for the HSA of the above-named individual. As Custodian, HSA Bank agrees to accept the transferred assets, which should clearly identify the individual whose HSA is to be credited.

Authorized Signature of Accepting HSA Custodian:

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