



# HSA Transfer Form: Employer Group

Complete this form and return it to your employer to initiate a direct transfer of funds from your current HSA. Keep a copy of this form for your records.

## Accountholder Information

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

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

Current Custodian/Trustee Name	Current Custodian/Trustee HSA/MSA/IRA Account Number
Current Custodian/Trustee Address, City, State, ZIP Code	

Current Custodian/Trustee Contact Name and Telephone Number

Transfer funds from (choose one):  HSA  MSA  IRA This transfer  will  will not close the HSA/MSA/IRA.

Directly transfer:  All  A Portion \$ \_\_\_\_\_ *(enter amount to transfer)* of my HSA/MSA/IRA as directed below.

<input type="radio"/> Send funds electronically using an established employer-group transfer process (preferred option).	<input type="radio"/> Issue check payable to <b>HealthcareBank FBO:</b> _____ <b>HSA</b> Enter Accountholder Name
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Transfer checks should be sent to **HealthcareBank at 3100 13<sup>th</sup> Avenue South, Fargo, ND 58103** with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.

## Accountholder Authorization

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. 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 or BPAS liable for any adverse consequences that may result.

Signature of HSA Accountholder	Date
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## Accepting HSA Custodian

HealthcareBank agrees to serve as the custodian for the HSA of the above-named individual. As the new custodian, we agree to accept the funds being transferred.

*Michael S. Solberg*  
Authorized Signature of Accepting HSA Custodian