

Transfer Request

Health Savings Account

Review the following content thoroughly. Upon review, print the documents and obtain the required signatures, as applicable, to finish the request for a transfer.

OWNER INFORMATION

Last Name First MI

Tax ID Date of Birth

Account Type Account Number
Health Savings Account

FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

Relationship to Current Account Owner

- I am the current account owner
- I am the former spouse of the current account owner

CURRENT ACCOUNT INFORMATION

Current Account Type Current Account Owner

- Health Savings Account
- Archer MSA

Tax ID

Current Financial Organization Name/Address Current Account Number

TRANSFER INSTRUCTIONS

Transfer Amount

- Total Amount
- Specific Amount: \$

Transfer Date

- Immediately
- On a specific date:
- Upon investment maturity

(MM/DD/YYYY)

Make Payable To

as Custodian of

Health Savings Account

Additional Details

INVESTMENT OPTIONS

Investment Name	Minimum Deposit	Dividend Rate	Annual Percentage Yield	Investment Number	Amount

SIGNATURE

By signing this **Transfer Request**, I certify that the information I have provided is true and correct. I authorize the current Custodian/Trustee to transfer the assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the Custodian/Trustee harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian/Trustee.

Print Account Owner Name

Account Owner Signature

Date

By signing below, the Custodian of the receiving IRA agrees to accept this transfer as instructed above.

Print Custodian Representative Name

Custodian Representative Signature

Date