

# 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
- Total Amount and Close Current Account
- Specific Amount: \$

**Transfer Date**

- Immediately
- On a specific date: (MM/DD/YYYY)
- Upon investment maturity

**Make Payable To**

as Trustee of

Health Savings Account

**Additional Details**

**INVESTMENT OPTIONS**

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 Trustee of the receiving HSA agrees to accept this transfer as instructed above.

Print Trustee Representative Name

Trustee Representative Signature

Date