

# HSA TRANSFER REQUEST INSTRUCTIONS



The Health Savings Transfer Request form is used to request the transfer of HSA funds at another financial institution to The HSA Authority-Old National Bank. These instructions will assist you in completing the HSA Transfer Request form. If you do not have an open Health Savings Account with The HSA Authority, please open your account through our online application process first. Approximately one week after you apply, you will receive a Welcome Letter in the mail that will include your new account number.

Complete the attached form and fax or mail it to us and we will take care of moving the funds for you. Part 2 contains our fax number and mailing address. A representative from The HSA Authority will sign the form and then forward it to your current institution. When the funds are received, we will mail you a receipt for the deposit.

*Please note: It is important that the transfer is processed in this manner to ensure that it is coded as a transfer and not a new contribution.* Your current institution may charge a fee to transfer and/or close the account.

## To fill out the HSA Transfer Request Form:

### **Part 1 Recipient:**

Complete with your information and your HSA Authority Health Savings Account number.  
(The account number will be on your Welcome Letter or account statement.)

### **Part 2 Accepting HSA Trustee or Custodian:**

This section is pre-filled.

### **Part 3 Current Account Owner:**

Complete with your information and the HSA number for the account you are transferring from.

### **Part 4 Current Account Trustee or Custodian:**

Complete with current trustee or custodian bank's information.

### **Part 5 Transfer Instructions:**

To move all the funds to your HSA Authority Account:

Under ***Transfer Options*** select *One-Time Transfer* and check *Entire Account Balance*. If you wish to close the account, check *This Transfer Will Close the Current Account*.

Under the ***Make Payable To*** section list Old National Bank as Custodian and list your name as Recipient.

The ***Asset Handling*** section can be left blank.

### **Part 6 Signatures:**

Please sign on the first line at the bottom. The form does not need to be notarized unless your current institution requires it. The last line is for a representative from The HSA Authority to sign before forwarding it to the other institution.

If you have questions, please call our Client Care Center at 888.472.8697 for assistance. They are available Monday through Friday, 8:00 am – 8:00 pm ET and Saturday 8:00 am – 1:00 PM ET. Additional information is available on our website at [www.theHSAauthority.com](http://www.theHSAauthority.com).



# TRANSFER REQUEST



### PART 1. RECIPIENT

*Individual requesting the transfer*

Name (First/MI/Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

#### RELATIONSHIP TO CURRENT OWNER (Select one)

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

### PART 3. CURRENT ACCOUNT OWNER

Name (First/MI/Last) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

CURRENT ACCOUNT TYPE (Select one)  HSA  Archer MSA

### PART 2. ACCEPTING HSA TRUSTEE OR CUSTODIAN

*To be completed by the HSA trustee or custodian receiving the assets*

Name **The HSA Authority**  
Address Line 1 **Attn HSA Operations Center**  
Address Line 2 **PO Box 3606**  
City/State/ZIP **Evansville, IN 47735**  
Phone **1-888-472-8697** Organization Number \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Fax **812-468-1173**

### PART 4. CURRENT ACCOUNT TRUSTEE OR CUSTODIAN

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

### PART 5. TRANSFER INSTRUCTIONS

#### TRANSFER OPTIONS (Select one)

- One-Time Transfer**  
Transfer Amount \_\_\_\_\_ Transfer Date \_\_\_\_\_  
 Entire Account Balance  This Transfer Will Close the Current Account

- Recurring Transfer**  
Transfer Amount \_\_\_\_\_ Transfer Start Date \_\_\_\_\_  
Frequency (Select one)  Monthly  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

#### MAKE PAYABLE TO

\_\_\_\_\_ as  Trustee or  Custodian of \_\_\_\_\_ HSA  
Name of Accepting HSA Trustee or Custodian Name of Recipient

#### ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

**X** \_\_\_\_\_  
Signature of Recipient Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Authorized Signature of Accepting Trustee or Custodian Date (mm/dd/yyyy)