



Health Savings Account Transfer Form

Instructions

1. Complete the form and send it to current custodian/trustee to initiate a direct transfer of funds from your Health Savings Account (HSA) to your new custodian/trustee.
2. Keep a copy of this form for your records.
3. If you have any questions regarding your Health Savings Account, please call Avera Health Plans at 605-322-4774.

Account Information

Name on the Account: _____ Date of Birth: _____

Social Security Number: _____ Phone: (_____) _____ — _____

Street Address: _____ City: _____ State _____ ZIP _____

Email: _____

Transfer Instructions for Current Custodian/Trustee

(Current financial institution from which you are *transferring* HSA funds)

Current Custodian/Trustee Name: _____

Custodian/Trustee Phone: (_____) _____ — _____ Contact Name: _____

Street Address: _____ City: _____ State _____ ZIP _____

Current Custodian/Trustee Account Number: _____

Transfer from (choose one): Health Savings Account Medical Savings Account Individual Retirement Account

Directly transfer (choose one): All or partial \$ _____ of my HSA/MSA/IRA

This transfer: will or will not close the HSA/MSA/IRA.

Please make a check payable as follows: **HealthcareBank FBO:** _____ **HSA**
(Account Holder Name)

Mail transfer checks with a copy of this form or other correspondence, including the account holder's name and social security number to:

HealthcareBank
3100 13th Ave. South
Fargo, ND 58103

Account Holder Signature

I authorize the transfer of the Health Savings Account 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 Avera Health Plans liable for any adverse consequences that may result.

(Signature of HSA Account Holder) Date: _____

Accepting Health Savings Account Custodian

HealthcareBank agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred.

Michael S. Solberg

Authorized Signature of HealthcareBank