

PART 1. RECIPIENT	PART 2. ACCEPTING HSA TRUSTEE OR CUSTODIAN
Individual requesting the transfer	To be completed by the HSA trustee or custodian receiving the assets
Name (First/MI/Last)	Name
Date of Birth Phone	Address Line 1
Email Address	Address Line 2
Account Number Suffix	City/State/ZIP
DELATIONICHID TO CHEREAT OWNER (Calcut and)	Phone Organization Number
RELATIONSHIP TO CURRENT OWNER (Select one)	Contact Name
☐ Land the former account owner.	
☐ I am the former spouse of the current account owner.	
PART 3. CURRENT ACCOUNT OWNER	PART 4. CURRENT ACCOUNT TRUSTEE OR CUSTODIAN
Name (First/MI/Last)	Name
Social Security Number	Address Line 1
Account Number Suffix	Address Line 2
CURRENT ACCOUNT TYPE (Colort and) DUCA DATA AND AND AND AND AND AND AND AND AND AN	City/State/ZIP
CURRENT ACCOUNT TYPE (Select one) ☐ HSA ☐ Archer MSA	Phone
PART 5. TRANSFER INSTRUCTIONS	
ASSET HANDLING (Investments identified below will be liquidated imme  Asset Description Amount to be Transferred	Ount  Annually Other  Custodian of Name of Recipient
PART 6. SIGNATURES	
I authorize the transfer of these assets and certify that all information providetermining that this transfer qualifies under the rules that apply to such tany consequences that may result from this transfer and I agree that the trom executing this transfer request.  The trustee or custodian signing below agrees to accept the assets being to   X  Signature of Recipient	transfers and agree to comply with those rules. I assume responsibility for rustee or custodian is not responsible for any consequences that may arise
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)

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