

Request for Transfer to a Health Savings Account (HSA)

1 HSA OWNER INFORMATION

NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
		DATE OF BIRTH	
DAYTIME PHONE NUMBER		E-MAIL (OPTIONAL)	

2 TYPE OF TRANSFER

Select One:

- HSA to HSA Archer Medical Savings Account (MSA) to an HSA

3 TRANSFEROR CUSTODIAN/TRUSTEE REQUEST

My HSA/Archer MSA custodian/trustee (transferor), _____, should transfer the assets identified in the Transfer Instructions section.

TRANSFEROR ADDRESS	TRANSFEROR PHONE NUMBER
	TRANSFEROR HSA/ARCHER MSA ACCOUNT NUMBER


4 TRANSFER INSTRUCTIONS (See Additional Information included with this form.)


Complete my transfer as directed. **Note:** Penalties and market fluctuation may affect the distribution amount.

A. Payment Amount (select one): <input type="checkbox"/> My entire HSA/Archer MSA balance. <input type="checkbox"/> A portion of my HSA/Archer MSA balance. \$ _____		B. Payment Schedule and Investments (select one): <input type="checkbox"/> Immediately liquidate all investments and send cash proceeds. <input type="checkbox"/> Send all investments in kind. <input type="checkbox"/> Liquidate the investments as identified below:	
<u>Account Number or Investment</u>	<u>Dollar Amount or Number of Shares</u>	<u>Transaction Date</u>	<u>Send:</u>
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
_____	\$ _____ or _____ shares	_____	<input type="checkbox"/> Cash Proceeds <input type="checkbox"/> In Kind
<input type="checkbox"/> Other _____			
C. Delivery Instructions (1) Transferee HSA Account Number _____ (2) Make check payable to or certificate registration in the name of _____ as <input type="checkbox"/> custodian / <input type="checkbox"/> trustee for the HSA of _____			

5 SIGNATURES

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my HSA/Archer MSA assets as set forth in this form. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. The transferee custodian/trustee agrees to accept these funds as a transfer.

 _____
Signature of HSA/Archer MSA Owner Date

 _____
Signature of Transferee Custodian/Trustee Date