

# Employer-Assisted Trustee-to-Trustee Transfer and Closure Form



**Instructions:** Complete this form if requesting to transfer funds from your Health Savings Account (HSA) at HSA Bank to a new HSA at another institution. Complete and submit this request to your employer at the address or fax number listed below by the due date. HSA Bank will accept this form only from your employer. If this form is received directly from you, it will be returned. Please direct any questions that you have about this form to your employer. If you wish to transfer your HSA funds to a custodian other than the one listed below, please contact your new custodian.

Due Date (mm/dd/yy):	Scheduled Transfer Date (mm/dd/yy):
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Employer Return Address			
Attention:			
Address:			Fax Number:
City:	State:	Zip Code:	
Accountholder Information and Mailing Address			
Account Number*:			
*NOTE: Your 8- or 12-digit account number is located on the Member Website (Accounts tab). Your account number is NOT the same as your debit card number.			
First Name:	MI:	Last Name:	
Address:			
City:	State:	Zip Code:	
Daytime Phone Number:	Email Address:		

**Brokerage Instructions:** If you have an open brokerage account with funds invested, please liquidate and move the funds to your HSA. Once your funds are liquidated, please call HSA Bank's Client Assistance Center at 800-357-6246 to close the brokerage account prior to returning this form.

If you do not transfer invested funds to your HSA prior to the due date, HSA Bank is authorized to liquidate these funds on your behalf and close your brokerage account. The proceeds from the liquidation will be credited to your HSA for transfer.

Accountholder Request and Authorization to Close Health Savings Account	
<p><i>I authorize HSA Bank to close my Health Savings Account (HSA) and disburse the funds to the new Custodian, as indicated below. I certify that I am the proper party to provide direction regarding or receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by HSA Bank. All decisions regarding this transfer are my own. I expressly assume the responsibility for consequences that may arise from this transfer, and I agree that HSA Bank shall not be held responsible.</i></p>	
Accountholder's Signature:	Date:

New Custodian Information (Completed by Employer)		
Custodial Institution Name:		
Institution Address:		
City:	State:	Zip Code: