

# HSA TRANSFER FORM: INDIVIDUAL

## Instructions

1. Complete this form and send it to your current HSA Custodian to authorize a transfer of your HSA to Flex Administrators, Inc.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call **Flex Administrators, Inc. at (616) 456-7908**

## Accountholder Information

_____		
Last Name	First Name	Middle Initial
_____		
Social Security Number	Date of Birth	
_____		
Telephone Number	Email Address	
_____		
Street Address		
_____		
City	State	Zip Code

## Transfer Instructions for Current Custodian

_____		_____	
Current Custodian/Trustee Name		Current Custodian/Trustee Contact Name/Phone Number	
_____		_____	
Current Custodian/Trustee Address		Current Custodian/Trustee City, State and Zip Code	
_____		_____	
Current Custodian/Trustee HSA/MSA/IRA Account Number		_____	
Transfer from (choose one): <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA		This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA/MSA/IRA.	
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part \$ _____ of my HSA/MSA/IRA in the following manner:			
<input checked="" type="checkbox"/> Please make a check payable as follows: <b>Flex Administrators, Inc. FBO:</b> _____ <b>HSA</b>			
Accountholder Name			

Transfer checks should be sent **ATTN: HSA Department | Flex Administrators, Inc. | 3980 Chicago Drive | Suite 230 | Grandville, MI 49418** with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.

## Signature of Account Holder

I authorize the transfer of the HSA 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 Flex Administrators, Inc. liable for any adverse consequences that may result.

_____	_____
Signature of HSA Accountholder	Date

## Accepting HSA Custodian

Health Care Bank 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. Sollberg*  
Authorized Signature of Accepting HSA Custodian