

Benefit Strategies, LLC (HSA Administrator)
HSA TRANSFER FORM: INDIVIDUAL

Instructions

1. Complete this form and send it to the HSA Custodian/Trustee of the HSA from which you are requesting a transfer of funds in order to initiate a direct transfer of funds from that HSA to your HSA with HealthcareBank through Benefit Strategies, LLC.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call Benefit Strategies, LLC at 855-483-3539 or email hvdflex@benstrat.com

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/Trustee (current financial institution from which you are *transferring* HSA funds)

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

Directly transfer all or part \$ _____ of my HSA/MSA/IRA in the following manner:

Please make a check payable as follows: **Benefit Strategies, LLC FBO:** _____ **HSA**
Accountholder Name

Transfer checks should be sent to **Benefit Strategies, LLC, PO Box 1300, Manchester, NH 03105-1300** with a copy of this form or other correspondence, including the accountholder's name **and** Social Security Number.

Signature of Accountholder

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 Benefit Strategies, LLC or HealthcareBank liable for any adverse consequences that may result.

Signature of HSA Accountholder	Date
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Accepting HSA 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.


