



HSA TRANSFER FORM

Instructions

Use this form to initiate a direct transfer of funds from you HSA with another custodian to an HSA with **Flex Made Easy**. Use the HSA Contribution form to make a rollover contribution to your HSA. Complete this form and mail it to the custodian or trustee of the HSA that you are transferring from. Keep a copy of the form for your records. If you have any questions regarding rollovers or transfers to your HSA, please call **Flex Made Easy at 1-855-615-3679**.

Accountholder Information

Last Name First Name Middle Initial

Social Security Number Date of Birth

Telephone Number E-mail Address

Street Address

City State Zip Code

Transfer Instructions for Current Custodian/Trustee

Transferring Custodian/Trustee Name Contact Name

Transferring Custodian/Trustee Address HSA/MSA/IRA Account Number

Transferring Custodian/Trustee City, State and Zip Transfer from* (choose one): HSA MSA IRA

Transferring Custodian/Trustee Phone Number

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: **Healthcare Bank FBO:** _____ **HSA**
Account Holder Name

Transfer checks should be sent to **Healthcare Bank at 3100 13th Avenue South, Fargo ND 58103** with a copy of this form or other correspondence including the accountholder's name and Social Security Number.

Signature of Accountholder

I hereby certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Flex Made Easy or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from Flex Made Easy or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Flex Made Easy and Healthcare Bank. I make an irrevocable election to treat this transaction as a transfer.

Signature of HSA Accountholder Date

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.

Michael S. Solberg
Authorized Signature of Accepting HSA Custodian