

Instructions

1. Complete this form and send it to your current custodian/trustee to initiate a direct transfer of funds from your HSA with current custodian/trustee to Healthcare Bank.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call Flexible Benefits System at 1.800.622.6233.

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: **Flexible Benefits System FBO:** _____ **HSA**
Accountholder Name

Transfer checks should be sent to **FBS at 400 WillowBrook Office Park, Suite 400, Fairport NY 14450** 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 or Flexible Benefits System. 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 Flexible Benefits System liable for any adverse consequences that may result.

Signature of HSA Accountholder	Date
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Accepting HSA Custodian

HealthcareBank or Flexible Benefits System 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.


[Authorized Signature of Accepting HSA Custodian]