



HEALTH SAVINGS ACCOUNT TRANSFER FORM

Instructions

1. Use this form to initiate a direct transfer of funds from your HSA with another custodian to an HSA with Surency. Use the HSA Contribution Form to make a rollover contribution to your HSA.
2. Complete this form and mail it to Surency, PO Box 789773, Wichita, KS 67278-9773. Keep a copy of the form for your records.

Member Information

Last Name, First Name, MI (Please Print)

Employer

Social Security or Employee ID

Street Address

City, State, ZIP

Date of Birth (mm/dd/yyyy)

Email Address

Daytime Phone Number

Home Phone Number

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 & 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: **Surency as agent for Healthcare Bank FBO:** _____ **HSA**
Accountholder Name

Transfer checks should be sent to **Surency at P.O. Box 789773 Wichita, KS 67278** 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 Surency, or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from Surency 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 Surency 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.



Authorized Signature of Accepting HSA Custodian

Have questions? Call us at 866-818-8805.
Surency.com