

HSA TRANSFER FORM: INDIVIDUAL

Instructions

1. Complete this form and send it to Current Custodian/Trustee to initiate a direct transfer of funds from your HSA to isolved Benefit Services.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call isolved Benefit Services at 866-370-3040

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 **isolved Benefit Services FBO:** _____ **HSA**
Accountholder Name

Transfer checks should be sent to **isolved Benefit Services, PO BOX 488, Coldwater, MI 49036** 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 isolved Benefit Services. 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 isolved Benefit Services liable for any adverse consequences that may result.

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]