



I-A: HSA Transfer Form- Individual

081513

HSA TRANSFER FORM: INDIVIDUAL

Instructions

- 1. Complete this form and return it to your current HSA provider. Keep a copy of this form for your records.
2. If you have any questions regarding HSA transfers, please call 303-369-7886, 800-651-4855 or email us at info@24hourflex.com.

Accountholder Information

Form fields for 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)

Form fields for Transfer Instructions: 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 Account Number.

Transfer from (choose one): [X] HSA This transfer [X] will close the HSA.

Directly transfer [X] all of my HSA in the following manner:

[X] Please make a check payable as follows: 24HourFlex FBO <Account Holder Name> HSA

Transfer checks should be sent to 24HourFlex at PO Box 3789 Littleton, CO 80161 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 HealthcareBank Partner Bank or 24HourFlex 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.

Handwritten signature: Michael S. Solberg
Authorized Signature of Accepting HSA Custodian