

HSA Transfer Request Form



HSA OWNER INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Home Address _____ City _____
 State _____ ZIP _____ Social Security Number/TIN _____
 Date of Birth (mm/dd/yyyy) _____ Choice Bank HSA Number _____

CURRENT CUSTODIAN/TRUSTEE INFORMATION

Bank Name _____
 Address _____
 City _____ State _____ ZIP _____

CURRENT CUSTODIAN/TRUSTEE INFORMATION

I instruct you to transfer my HSA, Flex Account, or IRA funds as referenced here to the successor HSA custodian/trustee as named below. I want all assets as listed below to be transferred pursuant to the following instructions:

- Liquidate & transfer all my account assets Liquidate & transfer the associated maturities

Account Number _____ Maturity Date _____
 Account Type (Select One): HSA Flex Account IRA MSA

I understand that I have instructed you to liquidate certain assets and that I am aware of the penalties or losses which may result from this transfer instruction. Send a check payable to the successor HSA custodian/trustee. I certify that I have established an HSA with this custodian/trustee.

 Signature of HSA, Flex, IRA, or MSA Account Owner

 Date

SUCCESSOR CUSTODIAN/TRUSTEE ACCEPTANCE OF APPOINTMENT & INSTRUCTION TO CURRENT CUSTODIAN/TRUSTEE:

We hereby advise the current Custodian/Trustee that we will accept the transfer of the above referenced HSA, Flex, MSA or IRA. We hereby agree to act as the Successor Custodian/Trustee. We certify that the designated account holder has an HSA with us which meets the requirements of section 223 of the Internal Revenue Code. Our name and address are set forth below.

Name: Choice Bank
 Attention: HSA Department
 Address: 4501 23rd Avenue S
 Fargo, ND 58104

AUTHORIZED SIGNATURE
 OF SUCCESSOR/TRUSTEE

Mandy Sheedy

 Signature

 Date

HELPLINE 866.702.9033

EMAIL hsa@bankwithchoice.com

*Live help available 8:00 am to 6:00 pm CST
 Monday—Friday*

bankwithchoice.com/personal-hsa/

