



HSA TRANSFER FORM

INSTRUCTIONS

1. Use this form to initiate a direct transfer of funds from your HSA with another custodian to an HSA with Nyhart (TPA). Use the HSA Contribution form to make a rollover contribution to your HSA.
2. Complete this form and mail it to the custodian or trustee of the HSA that you are transferring from. Keep a copy of the form for your records.
3. If you have any questions regarding rollovers or transfers to your HSA, please call 1-800-284-8412.

ACCOUNTHOLDER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: _____ Date of Birth: _____
 Phone Number: _____ Email Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____

TRANSFER INSTRUCTIONS FOR CURRENT CUSTODIAN/TRUSTEE

Transferring Custodian/Trustee Name: _____
 Transferring Custodian/Trustee Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ HSA/MSA/IRA Account Number: _____
 Phone 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: **Nyhart FBO:** _____ **HSA**
 Accountholder Name

Transfer checks should be sent to **Nyhart at 8415 Allison Pointe Blvd., Suite 300, Indianapolis, IN 46250** 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 TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA 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 TPA 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.

Michael S. Solberg
 Authorized Signature of Accepting HSA Custodian