



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 **Goldleaf Partners**. 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 for your records.
3. If you have any questions regarding rollovers or transfers to your HSA, please call **866.882.8442 option 5**.

ACCOUNTHOLDER INFORMATION

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ Date of Birth	
_____ Telephone Number	_____ E-mail Address	
_____ Street Address		
_____ City	_____ State	_____ Zip Code

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 and Zip	Transfer from* (choose one): <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> 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: **Healthcare Bank FBO:** _____ **HSA**
Account Holder Name

Transfer checks should be sent to **Healthcare Bank at 3100 13th Avenue South, Fargo ND 58103** 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
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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