

HSA Transfer Request



Use this form to initiate a direct trustee-to-trustee transfer of funds from your HSA with another custodian/administrator to an HSA with Discovery Benefits.

1. Account Information

<input type="text"/> Employer Name	<input type="text"/> HSA Account Holder Name (First, MI, Last)	
<input type="text"/> - <input type="text"/> - <input type="text"/> Social Security Number	<input type="text"/> Birth Date	
<input type="text"/> E-mail Address	<input type="text"/> - <input type="text"/> - <input type="text"/> Day Telephone	
<input type="text"/> Account Holder Street Address		
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip

2. Current HSA Trustee or Custodian Information

<input type="text"/> Current HSA Trustee or Custodian Name	<input type="text"/> Current HSA Account Number	
<input type="text"/> Street Address		
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip
<input type="text"/> - <input type="text"/> - <input type="text"/> Telephone Number	<input type="text"/> - <input type="text"/> - <input type="text"/> Fax Number	

3. Former Spouse Information (This section should be completed if the former spouse is receiving the HSA through a divorce settlement. Please include a copy of the divorce decree.)

<input type="text"/> HSA Account Name (First, MI, Last)			
<input type="text"/> Street Address			
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip	
<input type="text"/> - <input type="text"/> - <input type="text"/> Social Security Number	<input type="text"/> Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/> Day Telephone	<input type="text"/> - <input type="text"/> - <input type="text"/>

4. Transfer Instructions

Directly transfer all or part of the HSA identified above in the following manner.
Please make check payable to: Discovery Benefits, Inc. /HealthcareBank as Custodian
of the HSA.
(HSA Account Beneficiary's Name)

This transfer will will not close the HSA.

5. Asset Liquidation Instructions

If there are non-cash assets, please describe on a separate page and attach to this form. Include for each asset the asset Description, quantity of that asset in the HSA, quantity of that asset to be transferred, and whether to liquidate immediately, at maturity or transfer in kind.

6. Transfer – Signature of HSA Beneficiary or Former Spouse

I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

<input type="text"/> HSA Account Holder or Former Spouse Signature	<input type="text"/> Date
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7. Accepting HSA Custodian

Discovery Benefits, Inc. (HealthcareBank) agrees to serve as the new Custodian for an account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

<input type="text"/> Custodian Signature	<input type="text"/> Date
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