



# 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