

Account Holder Information (please print)			Spending Account ID #							
_____	_____	_____	S	A						
Last Name		First Name	Middle Initial		Social Security # (if SA# is not known)					
Street Address										
City			State			Zip				
Email address										

Transfer Instructions

This transfer will be into an HSA.

Directly transfer: all or part of the account identified below to **HealthEquity, Inc.** as Custodian of the _____ account.
(Account Holder's Name)

This transfer: will will not close the account.

A. Payment Amount (select one): My entire balance The following amount. \$ _____

B. Payment Schedule and Investments (select one):
 Immediately liquidate all investments and send cash proceeds. Liquidate the investments as identified below:

Account number or investment	Dollar amount requested
_____	\$ _____
_____	\$ _____
_____	\$ _____

Current HSA Administrator (transferring FROM)

Trustee/Custodian's Name

Trustee/Custodian's Account ID#

Street Address

City

State

Zip

Trustee/Custodian's Phone#

Trustee/Custodian's Fax #

Signature of HSA Account Owner

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

HSA Account Owner Signature

Date

Account Holder Instructions: Please send this completed form back to your previous administrator for processing.

Administrative Check Mailing Instructions: Please mail the check to the address listed below:

PO Box 860684
Minneapolis, MN
55486-0684

Overnight:
Lockbox 860684
1200 Energy Park Dr
St Paul, MN
55108-0684