



First HSA
HSA Transfer Processing
1044 MacArthur Rd.
Reading, PA 19605

1. General Information

Name..... SSN.....
Street Address ..... City..... State ..... Zip.....
Date of Birth..... Daytime Phone ..... Home Phone .....

2. Transfer Request

I authorize and direct you, the present Custodian/Trustee, to send as a transfer of assets indicated in Section 3 below to the Custodian/Trustee named on the upper right corner of this form.

[ ] HSA to HSA

[ ] IRA(Traditional or Roth – NO Simple or SEP) \*\*\$\_\_\_\_\_

\*One Time Restriction – amount transferred will be added to your normal contribution amount for this year

[ ] HRA/FSA to HSA – amount to be transferred \*\* \$\_\_\_\_\_

\*\*The amounts rolled over to HSAs from FSAs or HRAs are over and above the amounts allowed as annual contributions. The provision is limited to one distribution with respect to each health FSA or HRA of the individual.

Present Custodian/Trustee’s Name..... Acct # .....Ph # .....

Street Address..... City ..... State ..... Zip .....

3. Payment Information

A. New Account number .....

B. Payment Schedule. I authorize and direct you to send my assets as follows:

(1) \_\_\_ Immediately liquidate all assets and send the cash proceeds.

(2) \_\_\_ Other.....

C. Payment Method. I authorize and direct you to send my assets to the Custodian/Trustee named above as follows:

(1) \_\_\_ By check. Please make check payable to: First HSA FBO:\_\_\_\_\_

(2) \_\_\_ Other\_\_\_\_\_

4. Signatures

I certify that I have or will establish an account with the Custodian/Trustee named above. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers and I agree to indemnify and to hold the Custodian/Trustee harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional for advice.

The Custodian/Trustee agrees to accept these funds as a transfer or direct rollover.

Signature of HSA Owner Date

Signature of Custodian/Trustee Date

Name of Representative

Representative Phone Number