

HSA TRANSFER FORM: INDIVIDUAL



Instructions

1. Complete this form and send it to Current Custodian/Trustee to initiate a direct transfer of funds from your HSA with Current Custodian/Trustee.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call Lifetime Benefit Solutions at 800-327-7130.

Account Holder Information

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	
Telephone Number	Email Address	
Street Address		
City	State	Zip Code

Transfer Instructions for Current Custodian/Trustee (current financial institution from which you are transferring HSA funds)

Current Custodian/Trustee Name	Current Custodian/Trustee Contact Name/Phone Number
Current Custodian/Trustee Address	Current Custodian/Trustee City, State and Zip Code
Current Custodian/Trustee HSA/MSA/IRA Account Number	
Transfer from (choose one): <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA	This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA/MSA/IRA.
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part \$ _____ of my HSA/MSA/IRA in the following manner:	

Transfer checks should be sent to Lifetime Benefit Solutions at PO Box 211126, Eagan, MN 55121 with a copy of this form or other documentation that may be required.

Transfer checks should be sent to Lifetime Benefit Solutions at PO Box 211126, Eagan, MN 55121 with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.

Signature of Account Holder

I authorize the transfer of the HSA assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring Custodian/Trustee and Lifetime Benefit Solutions as Agent for WEX Inc. Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold Lifetime Benefit Solutions or WEX Inc., liable for any adverse consequences that may result.

Signature of HSA Accountholder

Date

Accepting HSA Custodian

Lifetime Benefit Solutions, as Agent for WEX Inc., agrees the above-named individual has an active HSA, and as custodian, we agree to accept the funds being transferred.

