

# 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
<hr/>		
Social Security Number	Date of Birth	
<hr/>		
Telephone Number	Email Address	
<hr/>		
Street Address		
<hr/>		
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:	
<input type="checkbox"/> Please make a check payable as follows: <b>Lifetime Benefit Solutions:</b> _____ <b>HSA</b>	

Account Holder Name

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 account holder'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 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 WEX Inc. or Lifetime Benefit Solutions, liable for any adverse consequences that may result.

Signature of HSA Account Holder

Date

## Important Information

The Health Savings Account (HSA) is a custody account with WEX Inc. serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement.