

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): 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: **Lifetime Benefit Solutions:** _____ **HSA**
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
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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.