



# TRANSFER REQUEST



### PART 1. RECIPIENT

*Individual requesting the transfer*

Name (First/MI/Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

#### RELATIONSHIP TO CURRENT OWNER (Select one)

- I am the current account owner.
- I am the former spouse of the current account owner.

### PART 3. CURRENT ACCOUNT OWNER

Name (First/MI/Last) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

CURRENT ACCOUNT TYPE (Select one)  HSA  Archer MSA

### PART 2. ACCEPTING HSA TRUSTEE OR CUSTODIAN

*To be completed by the HSA trustee or custodian receiving the assets*

Name SEFCU  
Address Line 1 Patroon Creek Corporate Center  
Address Line 2 700 Patroon Creek Blvd  
City/State/ZIP Albany NY 12206  
Phone 518-452-8183 Organization Number \_\_\_\_\_  
Contact Name \_\_\_\_\_

### PART 4. CURRENT ACCOUNT TRUSTEE OR CUSTODIAN

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

### PART 5. TRANSFER INSTRUCTIONS

#### TRANSFER OPTIONS (Select one)

##### One-Time Transfer

Transfer Amount \_\_\_\_\_ Transfer Date \_\_\_\_\_

- Entire Account Balance  This Transfer Will Close the Current Account

##### Recurring Transfer

Transfer Amount \_\_\_\_\_ Transfer Start Date \_\_\_\_\_

Frequency (Select one)  Monthly  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

#### MAKE PAYABLE TO

SEFCU as  Trustee or  Custodian of \_\_\_\_\_ HSA  
Name of Accepting HSA Trustee or Custodian Name of Recipient

#### ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Transferred	Special Instructions

### PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

**X** \_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_ Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Notary Public/Signature Guarantee (If required by the trustee or custodian)

\_\_\_\_\_ Date (mm/dd/yyyy)

**X** \_\_\_\_\_  
Authorized Signature of Accepting Trustee or Custodian

\_\_\_\_\_ Date (mm/dd/yyyy)