

HSA TRANSFER REQUEST

HSA ACCOUNT OWNER'S NAME AND ADDRESS (Transferring HSA)			CURRENT HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Social Security Number	Date of Birth	Home Phone	HSA Account Identification (Transferring HSA)	Trustee's or Custodian's Phone Number	

FORMER SPOUSE INFORMATION	
<i>This section should be completed if the former spouse is receiving the HSA as a result of a property settlement.</i>	
Former Spouse's Name and Address	
Social Security Number	Date of Birth
Phone	

TRANSFER INSTRUCTIONS
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the HSA identified above in the following manner. Frequency: <input type="checkbox"/> One-time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____
Please make a check payable as follows: _____ SEFCU _____ as <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <small>(Name of Accepting Organization)</small> of the _____ HSA. <small>(Name of HSA Account Owner)</small>
This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA.

ASSET HANDLING INSTRUCTIONS					
Asset Description	Quantity Or Amount In HSA	Quantity Or Amount To Be Transferred	Liquidate Immediately	Liquidate At Maturity	Distribute In Kind
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE OF HSA ACCOUNT OWNER OR FORMER SPOUSE	
I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.	
I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.	
_____ <small>(HSA Account Owner or Former Spouse)</small>	_____ <small>(Date)</small>
_____ <small>(Notary Public/Signature Guarantee)</small>	_____ <small>(Date)</small>

ACCEPTING HSA TRUSTEE OR CUSTODIAN	
Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.	
Account Identification of Accepting HSA _____	
SEFCU _____ Patroon Creek Corporate Center _____ 700 Patroon Creek Blvd _____ Albany Ny 12206-1067 _____	
_____ <small>(Authorized Signature of New Trustee or Custodian)</small>	_____ <small>(Date)</small>