SEFCU
A Federal Credit Union

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

This section should be completed if the former spouse is receiving the HSA as a result of a property settlement.

Former Spouse's Name and Address

Social Security Number	Date of Birth

Phone

TRANSFER INSTRUCTIONS

Directly transfer ☐ all or ☐ part of the HSA identified above in the following manner.

Frequency:
- ☐ One-time
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other _____

Please make a check payable as follows:

SEFCU (Name of Accepting Organization) as ☐ Trustee ☐ Custodian

of the _____ (Name of HSA Account Owner) HSA.

This transfer ☐ will ☐ 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.			☐	☐	☐
2.			☐	☐	☐
3.			☐	☐	☐
4.			☐	☐	☐

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.

_____ _____
(HSA Account Owner or Former Spouse) (Date)

_____ _____
(Notary Public/Signature Guarantee) (Date)

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

_____ _____
(Authorized Signature of New Trustee or Custodian) (Date)

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