



# Health Savings Account Transfer Request



**Instructions**

1. Complete this form and return it to your current custodian (e.g., Tallahassee State Bank) to initiate a direct transfer of funds from your current HSA.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call Chard Snyder at (855) 824-9284.

ACCOUNT HOLDER INFORMATION (PLEASE PRINT)		
Last Name	Middle Initial	Last Name
SSN or People First ID	Date of Birth	Phone
Street Address (Check if New Address <input type="checkbox"/> )	Email	
City	State	Zip

TRANSFER INSTRUCTIONS Current Custodian/Trustee from which you are transferring your HSA funds.	
Current Custodian/Trustee Name	Phone Number <i>Current Custodian/Trustee</i>
Address, City, State, Zip <i>Current Custodian/Trustee</i>	
Account Number	Transfer From    HSA    MSA    IRA    Close Account
<i>Check One</i> Full Transfer    OR    Partial Transfer	Amount to be transferred \$
Please make a check payable to <b>Chard Snyder FBO:</b> <b>HSA</b> (Account Holder Name)	
Transfer checks should be sent to <b>Chard Snyder, 6768 Cintas Boulevard, Mason, Ohio 45040 / Attn: HSA Department</b> Along 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 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 Healthcare Bank. 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 Healthcare Bank liable for any adverse consequences that may result.	
Signature of HSA Account Holder	Date

ACCEPTING HSA CUSTODIAN	
Healthcare Bank agrees to serve as the custodian for the HSA of the above-named individual, and as custodian, we agree to accept the funds being transferred.	Authorized Signature of Accepting HSA Custodian <i>Michael S. Solberg</i>