



BENEFIT EXTRAS, INC.

HSA TRANSFER FORM

Instructions

1. Use this form to initiate a direct transfer of funds from your HSA with another custodian **to** an HSA with **Benefit Extras, Inc. (TPA)**.
2. Complete this form and mail it to the custodian or trustee of the HSA that you are transferring **from**. Keep a copy of the form for your records.
3. If you have any questions regarding rollovers or transfers to your HSA, please call Benefit Extras, Inc. at (952) 435-6858 or toll-free at (866) 435-6858.

Accountholder Information

Last Name		First Name	Middle Initial
Social Security Number		Date of Birth	
Telephone Number		E-mail Address	
Street Address			
City	State		Zip Code

Transfer Instructions for Current Custodian/Trustee

Transferring Custodian/Trustee Name	Contact Name
Transferring Custodian/Trustee Address	HSA/MSA/IRA Account Number
Transferring Custodian/Trustee City, State and Zip	Transfer from* (choose one): <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA
Transferring Custodian/Trustee Phone Number	

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: **Healthcare Bank FBO:** _____ **HSA**
Account Holder Name

Transfer checks (payable to **Healthcare Bank**) **should be sent to Benefit Extras, Inc., P.O. Box 1815, Burnsville, MN 55337** with a copy of this form or other correspondence including the accountholder's name and Social Security Number.

Signature of Accountholder

I hereby certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. I make an irrevocable election to treat this transaction as a transfer.

Signature of HSA Accountholder	Date
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Accepting HSA Custodian

HealthcareBank agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred.

Michael S. Solberg
Authorized Signature of Accepting HSA Custodian