

# Bulk transfer request form



Use the bulk transfer request form to transfer monies directly from another custodian into your HealthEquity® health savings account (HSA).

Part I—Primary account holder information					*Required fields
Last name*	First name*	M.I.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*	
Street address*		City*		State*	ZIP*
Email address		Daytime phone ( )	SSN or HealthEquity ID number* (6 or 7 digits)		
Employer name	Health insurance company		Coverage level <input type="checkbox"/> Single <input type="checkbox"/> Family		Deductible amount \$

Part II—Transfer information			
This request is for a custodian-to-custodian transfer or an employer-to custodian transfer. The monies currently held by another custodian are to be directly transferred to an HSA at HealthEquity. <b>Note:</b> Your current custodian may require additional information prior to sending HealthEquity the funds you are requesting. Please contact them to verify the additional information they may need.			
Current custodian/Financial institution*	Current custodian fax ( )	Daytime phone ( )	
Address	City	State	ZIP
Current HSA/IRA/MSA account number	Amount to transfer <input type="checkbox"/> Specific amount \$ _____ <input type="checkbox"/> Full amount <sup>1</sup> (close my account)		
Please indicate the account type that the monies will be coming from. (See rules and conditions for account types below)			
<input type="checkbox"/> IRA <sup>2</sup> (individual retirement account) <input type="checkbox"/> MSA <sup>3</sup> (medical savings account) <input type="checkbox"/> Another HSA <sup>3</sup> (health savings account)			

Additional information
<p><sup>1</sup>The full amount includes the available cash balance in your HSA, not including the total amount of any current HSA investment funds. If you would like to liquidate your current HSA investment funds please contact your current custodian/financial institution to verify available options and any additional information they may need.</p> <p><sup>2</sup>IRA—Beginning in 2007, individuals can make one lifetime transfer from their IRA to an HSA, subject to the contribution limits applicable for the year of the transfer. Additional information can be found at <a href="http://www.irs.gov">www.irs.gov</a>.</p> <p><sup>3</sup>HSA/MSA—If you instruct the custodian of your HSA or MSA to transfer funds directly to the custodian of another HSA, the transfer is not considered a rollover. There is no limit on the number of these transfers. You do not need to include the amount transferred in income, deduct it as a contribution, or include it as a distribution on IRS Form 8889, line 12a.</p>

Authorization		
<p><b>Note:</b> If this form is received after the scheduled due date to your employer, your request may be assessed a check issue fee by your current custodian/financial institution and processed as an individual transfer in the order in which it was received.</p> <p>I understand it is my responsibility to manage my HSA investment account including the managing of all transactions to buy or sell investment positions. I understand that once my HSA investments have been liquidated that market fluctuation could impact the account balance that is ultimately transferred.</p> <p>I authorize the transfer of assets in the manner described above and certify that all of the information provided by me is true and complete. This transfer request may close my existing account defined in the Amount to Transfer section.</p> <p>I authorize HealthEquity to open a Health Savings Account in my behalf and I accept the terms of the HealthEquity HSA Custodial Agreement available at <a href="http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf">http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf</a>. I understand that in compliance with the USA Patriot Act, HealthEquity must verify the identity of all individuals who seek to open an HSA. I understand that as part of this identity verification process, I may be asked to provide additional information and/or documentation before my account can be established.</p>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Account holder signature*</td> <td>Date</td> </tr> </table>	Account holder signature*	Date
Account holder signature*	Date	

## Move It. Double It.

Get double interest on your HealthEquity® HSA. Just transfer or roll over \$250 or more from another HSA to HealthEquity and get up to \$25 total. Get full details at [www.healthequity.com/double-it](http://www.healthequity.com/double-it).