

## 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 WEX Inc.. Use the HSA Contribution form to make a rollover contribution to your HSA.
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 1-800-284-8412.

### ACCOUNTHOLDER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### TRANSFER INSTRUCTIONS FOR CURRENT CUSTODIAN/TRUSTEE

Transferring Custodian/Trustee Name: \_\_\_\_\_  
Transferring Custodian/Trustee Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ HSA/MSA/IRA Account Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Transfer from\* (choose one):  HSA  MSA  IRA  
 will not close the HSA/MSA/IRA  
This transfer  will  
Directly transfer  all or  part \$ \_\_\_\_\_ of my HSA/MSA/IRA in the following manner:  
Please make a check payable as follows: **WEX Inc. FBO:** \_\_\_\_\_ **HSA**  
Accountholder Name

Transfer checks should be sent to **IU HSA/FSA at P.O. Box 2905 Fargo, ND 58108-2905** 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 WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from WEX Inc. 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 WEX Inc.. I make an irrevocable election to treat this transaction as a transfer.

Signature of HSA Accountholder: \_\_\_\_\_ Date: \_\_\_\_\_

### ACCEPTING HSA CUSTODIAN

WEX Inc. 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.