

## HEALTH SAVINGS ACCOUNT TRANSFER REQUEST

Account Holder Information (please print)		SelectAccount ID #						
		S	Α					
Last Name First Name Midd	le Initial	So	cial	Secu	rity # (if	SA# is not k	nown)	
Street Address								
City State Zip		Daytime Phone						
Email address								
Transfer Instructions								
This transfer will be into an HSA.								
Directly transfer:   all or   part of the account identified below to <b>SelectAccount</b> as Custodian of theaccount.								
(Account Holder's Name)							_account.	
This transfer: $\square$ will $\square$ will not close the account.								
Asset Liquidation Instructions								
Description	Total Quantity		antity T ransfer		Liquidate Immediatel	Liquidate at Maturity	Transfer In Kind	
Current Trustee/Custodian Info (transferring FROM)	Acce	Accepting Account Trustee or Custodian						
Trustee/Custodian's Name  Street Address  City State Zip	of the abov accept the a	SelectAccount agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.  Account ID of Accepting HSA						
Trustee/Custodian's Phone# Trustee/Custodian's Account ID#	Authoriz	Authorized Signature of SelectAccount Date					te	
Signature of HSA Account Owner								
I authorize the transfer of the account assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by SelectAccount.								
HSA Account Owner Signature			Date					

Questions? Call Member Services at (651) 662-5065 or 1-800-859-2144.

 Send via secured email only:
 Fax to:
 Mail to:

 SelectAccount.documents
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 P.O. Box 64193

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