

Health Savings Account Transfer Form: Individual

! Use this form to transfer Health Savings Account funds from your previous Custodian/Trustee to your new account at EMPOWER

Instructions

1. Complete this form and send it to your current Custodian/Trustee to initiate a direct transfer of funds from your HSA to EMPOWER.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call EMPOWER at (316) 687-3444.

Accountholder Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ Date of Birth	
_____ Telephone Number	_____ Email Address	
_____ Street Address		
_____ City	_____ State	_____ Zip Code

Transfer Instructions for Current Custodian/Trustee

_____ Current Custodian/Trustee Name	_____ Current Custodian/Trustee Contact Name/Phone Number
_____ Current Custodian/Trustee Address	_____ Current Custodian/Trustee City, State and Zip Code
_____ Current Custodian/Trustee HSA/MSA/IRA Account Number	

Transfer from (choose one): HSA MSA IRA 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: **Empower FBO {Accountholder Name} HSA**

Transfer checks should be sent to **Empower 7309 E 21st St N Suite 110 Wichita, KS 67206** with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.

Signature of Accountholder

I authorize the transfer of the HSA 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 HealthcareBank. 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 HealthcareBank or EMPOWER liable for any adverse consequences that may result.

Signature of HSA Accountholder _____
Date

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