

Instructions

1. Use this form to initiate a direct transfer of funds from your HSA with another custodian **to** a HSA with the Taben Group. 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 855.826.8692.

Accountholder Information

_____ Last Name, First Name, MI (Please Print)	_____ Employer	_____ Social Security Number or Employee ID (EID) as appropriate
_____ Street Address	_____ City, State, Zip	_____ Date of Birth (mm/dd/yyyy)
_____ E-mail Address	_____ Daytime Phone Number	_____ Home Phone Number

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): HSA MSA 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**
Accountholder Name

Transfer checks should be sent to **Healthcare Bank** at **3100 13th Avenue South, Fargo ND 58103** 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 the Taben Group, its affiliates or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from the Taben Group, its affiliates 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 the Taben Group, its affiliates 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

Healthcare Bank 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

