



HSA

TRANSFER REQUEST

***Please include a legible copy an account statement with this form.**

PART 1. RECIPIENT

Individual requesting the transfer

Name (First/MI/Last) _____
Date of Birth _____ Phone _____
Email Address _____
Account Number _____ Suffix _____

RELATIONSHIP TO CURRENT OWNER (Select one)

- I am the current account owner.
 I am the former spouse of the current account owner.

PART 3. CURRENT ACCOUNT OWNER

Name (First/MI/Last) _____
Social Security Number _____
Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one) HSA Archer MSA

PART 2. ACCEPTING HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA custodian

IRA Club, LLC
67 E. Madison St.
Suite 1510
Chicago, IL 60603
Phone: 888-795-7950

PART 4. CURRENT ACCOUNT TRUSTEE OR CUSTODIAN

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____

PART 5. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS (Select one)

- One-Time Transfer**
Transfer Amount _____ Transfer Date _____
 Entire Account Balance This Transfer Will Close the Current Account

MAKE PAYABLE TO

_____ as Trustee _____ HSA
Name of Accepting HSA Trustee or Custodian Name of Recipient

ASSET TRANSFER

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____

PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

X _____
Signature of HAS Account Owner Date

X _____
Authorized Signature of Accepting Trustee or Custodian Date