



# HSA TRANSFER FORM: INDIVIDUAL

## Instructions

1. Complete this form and **send it to your Current Custodian/Trustee** to initiate a direct transfer of funds from your HSA with your **Current Custodian/Trustee** to your HSA with **American Benefit Administrators**.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call **American Benefit Administrators at (866) 742-4900**.

## 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 financial institution from which you are transferring HSA funds)

_____	_____
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: **American Benefit Administrators FBO:** \_\_\_\_\_ **HSA**  
Accountholder Name

Transfer checks should be sent to **American Benefit Administrators at PO Box 380844 Birmingham, AL 35238** 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 American Benefit Administrators. 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 American Benefit Administrators, LLC liable for any adverse consequences that may result.

_____	_____
Signature of HSA Accountholder	Date

## Accepting HSA Custodian

**American Benefit Administrators** 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.

  
 American Benefit Administrators, LLC  
 Chief Operating Officer