

# TRANSFER OF ASSETS FORM



Use this form to transfer assets from an existing HSA to your new HSA. Mail the completed form, a copy of a current account statement and a new account application, if applicable, to the address shown on Page 2. Please complete a separate form for each HSA to be transferred. For help with any questions, please call the toll-free number on the back of your healthcare payment card and ask for a BNY Mellon Health Savings Account Servicing representative.

## ACCOUNT OWNER INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Health Savings Account Number: \_\_\_\_\_

## CURRENT CUSTODIAN INFORMATION

(Please attach a copy of a recent account statement)

Some custodians may require their own forms in addition to this form. Please check with your current custodian for any specific requirements, including a medallion signature guarantee.

Name of current Custodian or Agent: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Include Area Code

## TRANSFER INSTRUCTIONS

Liquidate Account Number: \_\_\_\_\_

1.  Entire Account \$ \_\_\_\_\_

2.  Partial Account \$ \_\_\_\_\_

## INVESTMENT INSTRUCTIONS

Please select one of the following options.

I am opening a new account and have attached a completed HSA application that includes my investment instructions.

Transfer these assets into my HSA according to my current asset allocation.

## SIGNATURE

I authorize BNY Mellon Investment Servicing Trust Company to process the transfer of assets as noted above. I understand as the Account Owner it is my responsibility to assure the prompt transfer of assets by the current Custodian. I have read and understand all information in the instructions.

\_\_\_\_\_  
HSA Account Owner's Signature

\_\_\_\_\_  
Date

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## MEDALLION SIGNATURE GUARANTEE

Medallion Signature Guarantee Stamp and Signature (If required by your current Custodian or transfer agent.)

Acceptable signature guarantees may be obtained from banks or brokerage firms that are members of either the Securities Transfer Association Medallion Signature Program (STAMP), the New York Stock Exchange Medallion Signature Program (MSP), or the Stock Exchange Medallion Program (SEMP). The guarantee must be in original form, as photocopies or fax copies are not accepted. Please note that notarization is **not** an acceptable signature guarantee.

\_\_\_\_\_  
Guarantor's Firm

\_\_\_\_\_  
Guarantor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp

## INSTRUCTIONS TO RESIGNING CUSTODIAN/TRANSFER AGENT

Please liquidate the HSA as specified above and issue a check payable to **BNY Mellon Investment Servicing Trust Company FBO Health Savings Account**. Mail as indicated below:

### First Class Mail

Health Savings Account Services  
P.O. Box 9820  
Providence, RI 02940-8020

### Overnight Mail

Health Savings Account Services  
4400 Computer Drive  
Westboro, MA 01581

## ACCEPTANCE BY BNY MELLON INVESTMENT SERVICING TRUST COMPANY AS CUSTODIAN

BNY Mellon Investment Servicing Trust Company accepts its appointment as Custodian of the above referenced HSA and has established an HSA for the Account Owner under Internal Revenue Code Section 223(a). BNY Mellon Investment Servicing Trust Company, as Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.

Accepted by BNY Mellon Investment Servicing Trust Company:

\_\_\_\_\_  
Authorized Representative of BNY Mellon Investment Servicing Trust Company

\_\_\_\_\_  
Date