



# Investment Account Transfer Form

Use this form to transfer funds from a Health Savings Account (HSA) investment account to a Schwab Health Savings Brokerage Account ("Schwab HSBA") with HSA Bank.

**Instructions:** Complete all fields and return with a copy of your most recent investment account statement.

Email: [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com); Fax: 877-851-7041;

Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

Call 800-357-6246 for assistance.

**Review these guidelines to make sure your transfer can be processed.**

To expedite your account transfer, the name/title on the account to be transferred must match the name/title on your receiving Schwab Health Savings Brokerage Account ("Schwab HSBA").

### Transfer timeframes

After receipt of the *Investment Account Transfer Form*, HSA Bank will provide the completed form to Schwab within three business days. Account transfers may be sent using an Automated Customer Account Transfer Service (ACATS), which take approximately five business days after the completed transfer forms are received by Schwab. Any residual balances that remain with the contra firm after your transfer is completed will follow in approximately 10 to 20 business days. If you have any questions regarding residual sweeps, please contact the delivery brokerage firm directly.

Generally, transfers that cannot be accomplished with ACATS take approximately three to six weeks to complete, although this timeframe is dependent upon the transferor firm and may take longer.

### Account transfer guidelines

- Money market funds must be converted to cash.
- Some mutual funds cannot be held at all brokerage firms. This typically applies to proprietary and money market funds. These funds will need to be liquidated prior to transferring them. For more information, please contact the transfer firm directly.

Step 1: Information about your Schwab Health Savings Brokerage Account	
If you don't have a Schwab HSBA, you must enroll in one from your HSA Bank account.	
Schwab HSBA account number:	Account name/title (as it appears on the account):
Step 2: Information about the account to be transferred	
You must include a copy of the most recent statement of the account you are transferring with this form.	
Account number:	Account name/title (as it appears on the account):
<input type="checkbox"/> Check the box to confirm the account type is a Health Savings Account.	

### Step 3: Tell us what you're transferring

This is a total transfer from a brokerage account (if you check this box you can skip to Step 5).

This is a partial transfer — only transfer the assets selected in Step 4.

### Step 4: Partial transfer details

**Transfer cash.** Specify the dollar amount: \$ \_\_\_\_\_

**Transfer assets.** Specify the assets below.

Asset description and/or ticker symbol	Number of whole shares

*Additional assets can be transferred by attaching a list with asset description and/or ticker symbol and number of shares.*

**Transfer from a mutual fund company**

You may choose to **either transfer or liquidate** your shares. Money market funds must be liquidated and transferred as cash. You must complete a separate transfer form for each mutual fund company from which you are transferring.

Please indicate the current dividend/gain options on the mutual funds chosen for transfer (this information will not alter the dividend/gain options on existing account mutual fund assets).

Fund company name:

Account Number/Fund Number:

Fund Name: **Transfer** (Check one):  All Shares  Only \_\_\_\_\_ Shares

Instructions for transferred shares' dividends/capital gains:

Reinvest  Pay in cash

-- OR --

**Liquidate** (Check one):  All Shares  Cash value \$ \_\_\_\_\_

Fund Company Name:

Account Number/Fund Number:

Fund Name: **Transfer** (Check one):  All Shares  Only \_\_\_\_\_ Shares

Instructions for transferred shares' dividends/capital gains:

Reinvest  Pay in cash

-- OR --

**Liquidate** (Check one):  All Shares  Cash value \$ \_\_\_\_\_

**Transfer a Certificate of Deposit (CD)**

**Redeem CD immediately**

I am aware of, and acknowledge that I am responsible for, any penalties that I may incur from any early withdrawal.

**Redeem CD at maturity**

Date of maturity: \_\_\_\_\_

Submit request at least 21 days prior to maturity. Please advise your bank not to roll the CD over to a new term.

## Step 5: Transfer agreement

I instruct Charles Schwab & Co. Inc. (the "Clearing Firm") to deposit the funds or securities into the Schwab Health Savings Brokerage Account (the "Account") according to the instructions on this *Investment Account Transfer Form*.

I understand that to the extent any assets in my account are not readily transferable, with or without penalties, such assets may not be transferred within the timeframes required by FINRA 11870 or a similar rule of another designated examining authority. Unless otherwise indicated in the instructions in Sections 3-6, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian. In the event that some of the assets are not transferable to the Account, I understand that the Clearing Firm will transfer those assets that are transferable and the delivering firm will notify me regarding those that are not. As fractional shares of stock are nontransferable; all fractional shares should be liquidated by the delivering firm upon the transfer of the whole shares. The delivering firm may or may not charge a fee for this liquidation.

I understand that if the shares are in a dividend reinvestment plan, the plan will cease to exist and fractional shares of stock will be liquidated.

If the assets I am transferring are considered non-standard assets at the Clearing Firm, such as limited partnerships, I realize I will be charged setup and maintenance fees.

I authorize the transferor firm to deduct any outstanding fees from the credit balance in the transferring account. If the transferring account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees, I authorize the transferor firm to liquidate assets to the extent necessary to satisfy that obligation. If certificates or other instruments in the transferring account are in the transferor firm's physical possession, I instruct the transferor firm to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed me. I understand that upon receiving a copy of this transfer instruction, the transferor firm will cancel all open orders for my transferring account on the transferor firm's books.

By my signature below, I certify that the information and instructions provided, and the elections made by and through this *Investment Account Transfer Form*, are true and correct. The Clearing Firm may justifiably rely upon the instructions and elections made herein and is authorized to deposit the funds or securities in the manner provided by this transfer form.

Some mutual funds cannot be transferred but must be liquidated and the cash proceeds transferred to the Schwab HSBA; the liquidation price of such assets is not determined by HSA Provider, but is the responsibility of the firm holding such mutual funds prior to transferring assets to the Schwab HSBA.

**Signature:**

**Date:**

## SECURITIES AND INVESTMENTS

Not Insured by FDIC or Any Other Government Agency	Not Bank Guaranteed	Not Bank Deposits or Obligations	May Lose Value
--	---------------------	----------------------------------	----------------

Schwab Health Savings Brokerage Account (HSBA) is offered through Charles Schwab & Co., Inc. (Member SIPC), a registered broker/dealer, which also provides other brokerage and custody services to its customers.