

Health Savings Account Internal Account Transfer Form



Instructions:

Mail or email the completed form to: **HSA Bank, P.O. Box 939, Sheboygan, WI 53082;**

Email: hsaforms@hsabank.com.

For assistance, call our Client Assistance Center at 800-357-6246.

Accountholder Information

First name:	MI:	Last name:
Street address:		
City:	State:	Zip code:
Full Social Security number:		Employer:

Account Information

*(Note: If an investment account is associated with the HSA that is being **closed**, HSA Bank will associate the existing investment account to the HSA.)*

Close and transfer funds from (enter account number[s]):	Transfer to (enter account number):
---	--

Signature

I hereby authorize HSA Bank to close my current HSA and transfer the remaining account balance into the newly designated HSA at HSA Bank. Please associate my existing HSA investment account (s), if any, to the newly designated HSA Bank account. I understand that any debit cards or checks associated with the account I am closing will no longer function and that I am responsible for destroying these items.	
Accountholder signature:	Date: