



HSA TRANSFER FORM

Instructions

1. Complete this form and return it to The Harrison Group, Inc. to initiate a direct transfer of funds from your HSA account.
2. Keep a copy of this form for your records.
3. If you have any questions regarding your HSA transfer please call The Harrison Group, Inc. at (610) 853-9075.

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 This transfer will close the HSA.

Directly transfer all of my HSA in the following manner:

Mail a check to The Harrison Group, Inc., 3 Raymond Drive, Suite 201, Havertown, PA 19083 made payable to Healthcare Bank

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 HealthcareBank. 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 HealthcareBank liable for any adverse consequences that may result.

Signature of HSA Accountholder	Date
--------------------------------	------

Accepting HSA Custodian

HealthcareBank 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.

Michael S. Solberg
 [Authorized Signature of Accepting HSA Custodian]