

Health Savings Accounts

Transfer Request Form

HSA OWNER INFORMATION

First Name _____ Middle Initial _____ Last Name _____
Home Address _____ City _____
State _____ ZIP _____ Social Security Number/TIN _____
Date of Birth (mm/dd/yyyy) _____ Choice Bank HSA Number _____

CURRENT CUSTODIAN/TRUSTEE INFORMATION

Bank Name _____
Address _____
City _____ State _____ ZIP _____

CURRENT CUSTODIAN/TRUSTEE INFORMATION

I instruct you to transfer my HSA, Flex Account, or IRA funds as referenced here to the successor HSA custodian/trustee as named below. I want all assets as listed below to be transferred pursuant to the following instructions:

Liquidate & transfer all my account assets Liquidate & transfer the associated maturities

Account Number _____ Maturity Date _____
Account Type (Select One): HSA Flex Account IRA MSA

I understand that I have instructed you to liquidate certain assets and that I am aware of the penalties or losses which may result from this transfer instruction. Send a check payable to the successor HSA custodian/trustee. I certify that I have established an HSA with this custodian/trustee.

Signature of HSA, Flex, IRA, or MSA Account Owner

Date

SUCCESSOR CUSTODIAN/TRUSTEE ACCEPTANCE OF APPOINTMENT & INSTRUCTION TO CURRENT CUSTODIAN/TRUSTEE:

We hereby advise the current Custodian/Trustee that we will accept the transfer of the above referenced HSA, Flex, MSA or IRA. We hereby agree to act as the Successor Custodian/Trustee. We certify that the designated account holder has an HSA with us which meets the requirements of section 223 of the Internal Revenue Code. Our name and address are set forth below.

Name: Choice Bank
Attention: HSA Department
Address: 4501 23rd Avenue S
Fargo, ND 58104

AUTHORIZED SIGNATURE
OF SUCCESSOR/TRUSTEE _____

Signature

Date

HELPLINE 866.702.9033

EMAIL hsa@choicefinancialgroup.com

Live help available 8:00 am to 6:00 pm CST
Monday—Friday

choicefinancialgroup.com/hsa



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