



An Independent Licensee of the Blue Cross Blue Shield Association

Questions? Call Member  
Services at 1-877-293-7041.

## HEALTH SAVINGS ACCOUNT TRANSFER REQUEST

Account Holder Information (please print)			Spending Account ID #							
<div>Last Name</div> <div>First Name</div> <div>Middle Initial</div> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Email address</div>			S	A						
			Social Security # (if SA# is not known)							
			Daytime Phone							
Transfer Instructions										
<p>This transfer will be into an HSA.</p> <p>Directly transfer: <input type="checkbox"/> all or <input type="checkbox"/> part of the account identified below to <b>HealthEquity, Inc.</b> as Custodian of the _____ account. (Account Holder's Name)</p> <p>This transfer: <input type="checkbox"/> will <input type="checkbox"/> will not close the account.</p>										
<b>A. Payment Amount (select one):</b> <input type="checkbox"/> My entire balance <input type="checkbox"/> The following amount. \$ _____										
<b>B. Payment Schedule and Investments (select one):</b> <input type="checkbox"/> Immediately liquidate all investments and send cash proceeds. <input type="checkbox"/> Liquidate the investments as identified below:										
Account number or investment					Dollar amount requested					
					\$					
					\$					
					\$					
Current HSA Administrator (transferring FROM)										
<div>Trustee/Custodian's Name</div> <div>Trustee/Custodian's Account ID#</div> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Trustee/Custodian's Phone#</div> <div>Trustee/Custodian's Fax #</div>										
Signature of HSA Account Owner										
<p>I authorize the transfer of the account assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by Further.</p> <div>HSA Account Owner Signature</div> <div>Date</div>										

**Account Holder Instructions:** Please send this completed form back to your previous administrator for processing.

**Administrative Check Mailing Instructions:** Please mail the check to the address listed below:

**Mail to:**  
PO Box 860684  
Minneapolis, MN  
55486-0684

**Overnight:**  
Lockbox 860684 1200  
Energy Park Dr  
St Paul, MN  
55108-0684