

Health Savings Account (HSA) Transfer Request Form

Instructions

Complete this form to transfer funds from another trustee/custodian directly to FPS Trust.

Instructions for Accountholders:

1. Complete form and mail directly to:
HealthSavings Administrators/HSA xChange
P.O. Box 73688
North Chesterfield, VA 23235
2. Please allow 4-6 weeks for your transfer request to be completed.
3. Your request will be sent to your transferring custodian by *HealthSavings Administrators*. Please make sure your current custodian follows instructions accordingly to ensure your transfer remains on schedule.

Instructions for Transferring Custodian:

1. Review form and make check payable to "FPS Trust".
NOTE: Checks MUST be made out to "FPS Trust". Checks made out to *HealthSavings Administrators* or HSA xChange will be returned.
2. Mail check and form to:
FPS Trust Company
P.O. Box 3079
Englewood, CO 80155

NOTE: Contact your current custodian to verify if a medallion signature guarantee is required. If the medallion signature guarantee is required, obtain this before submitting the form.

PART 1 Accountholder Information

NOTE: You must open an HSA by submitting an enrollment application prior to completing this form.

First Name _____ Last Name _____ M.I. _____
Street Address _____ Apt / Suite _____
City _____ State _____ ZIP Code _____
Social Security Number _____ Primary Phone Number _____
Account Number _____

PART 2 Request Information

Trustee to Trustee Transfer:

I currently have HSA funds with another trustee/custodian and want to transfer the funds directly to FPS Trust.

~ Continued on Page 2 ~

Health Savings Account (HSA) Transfer Request Form

PART 3 Transfer Information (All fields are required.)

Current Custodian Name _____

Current HSA/MSA Account Number _____

Custodian Address (P. O. Box preferred) _____ Suite _____

City _____ State _____ ZIP Code _____

Primary Phone Number _____

PART 4 Transfer Instructions

- Full Transfer:** Please transfer 100% of my HSA balance. Transfer as cash. Liquidate investments, if applicable.
- Partial Transfer:** Please transfer \$_____ to FPS Trust and **DO NOT** close my account with your organization.*
*Accountholder must instruct present trustee/custodian to liquidate shares equal to amount of transfer prior to submitting this form.

Accepting HSA Custodian

FPS Trust agrees to serve as the new trustee or custodian for an account for the above-named individual, and as trustee or custodian, we agree to accept the assets being transferred. Please remit a check payable to FPS Trust as custodian for the above-mentioned account for the requested transfer amount, and mail to FPS Trust Company, P.O. Box 3079, Englewood, CO 80155.



Authorized Signature of New Trustee or Custodian

PART 5 Accountholder Authorization

I have read and understand the rules and conditions and I have met the requirements for making the designated transaction. Due to the important tax consequences of the designated transaction I have been advised to see a tax professional. All information provided to me is true and correct and may be relied on by the trustee or custodian. I assume full responsibility for this transaction and will not hold FPS Trust liable for any adverse consequences that may result.

Applicant's Signature _____

Date (mm/dd/yyyy) _____

FOR OFFICE USE ONLY

Case Number _____