



Health Savings Account (HSA) Transfer Request and Consent Form

Form Instructions: Please use this form to request and consent to the transfer of your Health Savings Account (HSA) from the current custodian of your employer-sponsored HSA program to ConnectYourCare.

STEP 1: Account Holder Information

First Name:	Middle Name:	Last Name:		
Permanent Address:	City:	State:	Zip Code:	
Social Security Number: ____ / ____ / ____	Daytime Phone:			
Date of Birth: (Month/Day/Year) ____ / ____ / ____				

STEP 2: Current Custodian Information

Custodian Name:	HSA Account Number:		
Custodian Address:	City:	State:	Zip Code:

STEP 3: Account Holder Instructions and Authorization

I hereby request and authorize the custodian of my Health Savings Account (HSA) to close my HSA and transfer 100% of my HSA balance to ConnectYourCare.

- I understand that I request 100% of my HSA funds held at my current custodian to be transferred to ConnectYourCare;
- I understand that I must liquidate my investment account prior to my HSA being closed and transferred to ConnectYourCare;
- By providing my phone number, I authorize ConnectYourCare to contact me about my account or this transfer request using automated calls or text messaging;
- By signing below, I certify that all of the information provided by me is true and correct and may be relied on by ConnectYourCare and I assume full responsibility for this transaction;
- I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that ConnectYourCare shall in no way be held responsible.

Account Holder Signature:	Date:
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How to Submit: Please provide the completed form to your Health Savings Account Bank.

