



HSA Transfer Form



PO Box 140167 | Austin, Texas 78714-0167 | Fax: (512) 719-6565

Purpose: Use this form to transfer funds into your Health Savings Account at the custodian/trustee named above. Complete and return it to the custodian/trustee named above along with an HSA Enrollment Form if you are a new client. You can use this form to transfer assets from another Health Savings Account, a Medical Savings Account (MSA) or an Individual Retirement Account (IRA) into this HSA.

Personal Information of HSA Owner

Name (HSA Owner)		Social Security Number	
Street Address			
City		State	Zip Code
Date of Birth	Account Number (Numbers are 11 digits and begin with "999")		

Transfer Request

A. Transfer Type *(select one)*

- Transfer from another HSA (TC208)
- Transfer from an MSA (TC209)
- Transfer from an IRA (only allowed once per lifetime - check rules) (TC210)

B. Current Holder of Assets

Current Custodian/Trustee _____

Current Custodian Address _____

Current Account Number _____

C. Instructions on Transfer *(select one)*

- Immediately liquidate all assets and send cash proceeds to:
 Liberty Savings Bank | Attn: HSA Department
 2323 Stickney Point Rd. | Sarasota, FL 34231
- Other: _____

HSA Owner Signature Statement

I have an HSA, MSA or IRA at the above listed custodian, trustee or administrator and I certify that all the above information is correct. I understand the rules regarding transferring the funds and I agree to seek my own tax or legal advice, if I deem it necessary. I authorize and request that you, the present holder of my funds, transfer the assets to my HSA custodian/trustee named on the top of this form.

HSA Owner's Signature

Date

The HSA custodian or trustee listed on the top of this form agrees to accept the transfer described above and serve as the custodian or trustee for the HSA.

Receiving Custodian/Trustee's Signature

Date