



# ACCOUNTHOLDER TRANSFER FORM

## Health Savings Account (HSA)

### INSTRUCTIONS

1. Provide this completed form to **your current HSA custodian** to initiate a transfer of funds to TASC.
2. Transfer checks should be sent to **TASC (TPA)** at: **PO Box 7308, Madison, WI 53704-7308** with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.
3. For more information, refer to the *HSA Transfer Information Form* or call TASC at **800-422-4661** with TASC ID # available.

### ACCOUNTHOLDER INFORMATION

TASC ID #:										
First Name:					MI:		Last Name:			
Date of Birth:					Social Security Number:					
Email Address:										
Primary Phone #:					Mobile Phone #:					
Primary Address:	Address Line 1:							Apt:		
	Address Line 2:									
	City:									
	State:				Zip/Postal Code:			+4		

### CUSTODIAN TRANSFER INFORMATION

Transfer instructions for current Custodian/Trustee (current financial institution from which you are *transferring* HSA funds):

Current Custodian /Trustee Name:										
Current Custodian/ Trustee Contact Name:										
Current Custodian/Trustee HSA/MSA/IRA Account Number:										
Email Address:					Primary Phone #:					
Address of Current Custodian/Trustee:	Address Line 1:							Apt:		
	Address Line 2:									
	City:									
	State:				Zip/Postal Code:			+4		
<b>Transfer from</b> ( <i>select one</i> ):	<input type="checkbox"/> HSA		<input type="checkbox"/> MSA		<input type="checkbox"/> IRA		This transfer <input type="checkbox"/> <b>will</b> or <input type="checkbox"/> <b>will not</b> close the HSA/MSA/IRA.			
<b>Directly transfer</b> <input type="checkbox"/> <b>all</b> or <input type="checkbox"/> <b>part</b> \$ _____ of my HSA/MSA/IRA, payable via mailed check to TASC. Custodian: Please make check payable to <b>TASC HSA</b> (enter Accountholder Name in Memo field).										

### AUTHORIZATION

I authorize the transfer of the HSA assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring Custodian/Trustee and State Bank of Cross Plains (SBCP). Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold State Bank of Cross Plains liable for any adverse consequences that may result.

\_\_\_\_\_  
HSA Accountholder Signature

\_\_\_\_\_  
Date