Transfer of Assets

Ensure you have an active WealthCare Saver* HSA and account number (starting with 601).

Complete sections 1 through 5 in their entirety, including the full account numbers of the HSA you are transferring to (Section 1) and the HSA you are transferring from (section 2).

Mail completed form to your current HSA custodian.

Retain a copy of this form and direct questions on the status of your transfer to your current HSA custodian.



to your previous HSA Custodian for processing Call the Member Services number on the back of ID card

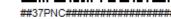
Transfer my HSA TO this account

Section 1: HSA Account Information (WealthCare Saver as Custodian)

ACCOUNT NUMBER (12 digits beginning with 601)			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
EMPLOYER NAME		SOCIAL SECURITY NUMBER	
EMAIL ADDRESS		TELEPHONE NUMBER	
STREET ADDRESS			
CITY	STATE	ZIP CODE	

Transfer my HSA FROM this account

Section 2: Current Custodian Information				
ACCOUNT NUMBER				
BANK NAME				
TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)			
STREET ADDRESS				
CITY	STATE	ZIP CODE		



Section 3: Funding Instructions (select one)				
Select type of transfer:				
HSA MSA IRA*				
(Transaction Code 208) (Transaction Code 209) (Transaction Code 210)				
	/ /			
SIGNATURE OF ACCOUNT HOLDER	DATE			
C Section 4: Signature				
I certify that I am the HSA account holder and legally authorized to receive payme				
information provided by me is true and correct. I further certify that no tax advice h Custodian, or its affiliates. I understand that I may consult a tax professional or leg				
to transfer assets from my existing account at the Current Custodian named above	e are my own. I acknowledge that I have met			
the requirements for making the above request and I assume full responsibility for WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequen				
······································				
SIGNATURE OF ACCOUNT HOLDER	/ / /			
C Section 5: Transfer Instructions				
Entire account balance Specific of	dollar amount of transfer:			
\$				
Close Account Keep Account Open				
Close Account Keep Account Open				
Section 6: Instructions to Current Custodian/Transfer				
Please liquidate the amount shown in Section 5 and make check pay (Account Holder Name) HSA. Checks should be mailed along with th				
(Account holder Name) how. Checks should be malled along with this form to.				
Standard Mailing Address: WealthCare Saver #010163				
BIN 88163				
Milwaukee, WI 53288-0163				
Overnight Mailing Address:				
WealthCare Saver #010163				
4900 W. Brown Deer Road				
Milwaukee, WI 53223				

WealthCare Saver accepts its appointment as Custodian of the above referenced account and has established an HSA for the Account Holder under Internal Revenue Code Section 223(a). WealthCare Saver, as a Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.

Accepted by WealthCare Saver

AUTHORIZED REPRESENTATIVE OF WEALTHCARE SAVER

DATE