

As the owner of your HSA, you must complete Sections 1, 2, and 3 of the enclosed form. Below are a few reminders as you complete the form. **If you have employer or employee payroll contributions, please do not submit this form until the final contribution has been made.**

- ☐ Section 1: Be sure to include your Phone Number. We or your current Trustee or Custodian may have to call you with follow-up questions.
- ☐ Section 2: Select only one transfer type.
- ☐ Section 3: Include the Account Number for the HSA you will be transferring to PayFlex. Your current Trustee or Custodian will be able process your request more quickly if they have all of the information on the form.
- ☐ Certification and Signature section: Sign and date the form.

Please Mail this completed transfer form to your current custodian for processing.

Do not mail this form to PayFlex Systems USA, Inc. as it will delay the processing of this request.

Note you must already have an open HSA with PayFlex for us to accept this transfer.

Please consult with a tax advisor if you have any questions prior to completing this form.

Note: Some Trustees or Custodians may require their own form in addition to this form. Please check with your current Trustee, Custodian or agent for any specific requirements.

Health Savings Account Transfer to HSA at PayFlex Request Form

Instructions: Complete sections 1, 2 and 3 on this form to transfer an HSA from your current Trustee or Custodian to PayFlex®. Some custodians may require their own form in addition to this form. Please check with your current Trustee, Custodian or agent for any specific requirements.
Mail this completed form to your current custodian (listed in section 3) for processing. Do not mail to PayFlex.

Section 1: HSA Account Owner Information – PLEASE PRINT

First Name	MI	Last Name	Social Security Number (Required)
Address Line 1 – Street Address (Do not use a PO Box Address)			
Address Line 2	City	State	ZIP Code
E-mail Address	Day-Time Telephone Number		

Section 2: Type of Transfer – SELECT ONE OF THE FOLLOWING

<input type="checkbox"/>	HSA to HSA Transfer: I currently have HSA funds with another Trustee or Custodian. I want funds in that HSA transferred to my HSA at PayFlex.
<input type="checkbox"/>	Archer Medical Savings Account (MSA) to HSA Transfer: I currently have MSA funds with another Trustee or Custodian. I want funds in my MSA transferred to my HSA at PayFlex.
<input type="checkbox"/>	Individual Retirement Account (IRA) to HSA Transfer: I want to transfer funds from my Traditional or Roth IRA to my HSA at PayFlex. I understand that this must be a direct trustee-to-trustee transfer. I further acknowledge that due to special requirements as established by the IRS, this transfer may have certain restrictions and tax consequences. I have or will consult my tax advisor with any questions I have.

Section 3: Transfer Instructions – PLEASE PRINT


Current Trustee or Custodian: Please liquidate and transfer per the instructions below. (This is for the account you are transferring to PayFlex.)

Account Number	Name on Account (should match name in section 1)
Custodian Name and Address	
<input type="checkbox"/> Entire Account Balance (Liquidate and transfer my full account balance available) <input type="checkbox"/> \$ _____ (Liquidate and transfer the amount directed)	


Section 4: PayFlex HSA Information – TRANSFER INSTRUCTIONS TO RESIGNING CUSTODIAN/AGENT

Please issue check with a copy of this form to: PayFlex Systems USA, Inc. as Custodian for (Name of Account Owner) HSA Operations PO Box 3317 Carol Stream, IL 60132-3317 1-888-678-8242
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Certification and Signature

I certify that I have an open HSA with PayFlex Systems USA, Inc. and that the information contained on this form is true and correct. I direct the current custodian or trustee (in Section 3, above) to transfer the HSA, Archer MSA or IRA funds to PayFlex Systems USA, Inc. I have identified the amount for the transfer above. I understand that I am responsible for any tax consequences of this action. I indemnify and hold PayFlex, its agents and affiliates, harmless from any resulting liabilities. PayFlex Systems USA, Inc. shall accept the transferred funds as a transfer to the HSA of the Account Owner and immediately deposit the funds.	
HSA Account Owner Signature 	Date

Acceptance by PayFlex Systems USA, Inc. – TO BE COMPLETED BY PAYFLEX

PayFlex Systems USA, Inc. (PayFlex) is willing to accept HSA, MSA or IRA funds that the current trustee or custodian holds in accordance with the above instructions. The Account Owner, by his or her signature above, hereby directs the current trustee or custodian to transfer assets maintained with the current trustee or custodian, in the amount of the requested distribution set forth above and, after deduction of any necessary fees and expenses, to PayFlex at the address above (Section 4). Transfers to PayFlex must be in cash equivalents. PayFlex does not accept "in-kind" transfers of mutual funds or stock.
Accepted by PayFlex (Authorized PayFlex Representative)  Adam M. Metz