

Use this form to transfer your current HSA funds. Please be sure your account at Ameriflex Bank is open and active prior to submitting this form. If you don't have an open account at Ameriflex Bank, funds will be returned to the prior Custodian.

IMPORTANT: Send your completed form to the Trustee or Custodian who is currently holding your assets and will be transferring funds to your Health Savings Account (HSA) at Ameriflex Bank.

Note: Transfers may take 4 to 6 weeks depending on the transferring Trustee/Custodian's processing time.

Account Holder's Personal Information

First Name:

MI:

Last Name:

Street Address:

Street Address 2:

City, State, Zip:

Daytime Phone:

Email Address:

Social Security Number:

Ameriflex HSA Account Number:

Request Type:

Trustee to Trustee Transfer: I currently have HSA funds with another Trustee/Custodian and want to transfer the funds directly to my HSA account at Ameriflex HSA.

Transfer Information

Current Custodian Bank Name:

Current HSA Account #:

Street Address:

Street Address 2:

City, State, Zip:

Phone:

Fax:

Transfer Instructions:

Transfer the entire balance of the current HSA listed above to Ameriflex HSA and CLOSE my account and liquidate investments, if applicable.

Please Transfer \$ _____ of the current HSA listed above to Ameriflex HSA and DO NOT CLOSE my account. Make Check Payable to: Ameriflex HSA as Custodian for:

(Account Owner's First and Last Name)

Current Custodian:

Make check payable to Ameriflex Bank For the Benefit Of [Owner's Name] and mail check, along with this fully completed form, to: **Ameriflex, ATTN: Banking Operations, PO BOX 876274, Kansas City, MO 64187-6274**. Include full social security number or full HSA Bank account number.

Account Holders Authorization:

I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian. 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 the Custodian shall in no way be held responsible.

Signature

Date

Accepting HSA Custodian:

Ameriflex HSA agrees to serve as the new Custodian for the account of the individual who is authorizing the transfer. As the newly designated Custodian, we agree to accept the aforementioned assets transferred. Please remit a check payable to Ameriflex HSA as Custodian of the HSA Account Number listed above for the amount listed in the Transfer Instructions.

Signature _____

William C. Short

Date