

Instructions

1. Complete this form and send it to your current custodian/trustee to initiate a direct transfer of funds from your HSA with current custodian/trustee to Healthcare Bank.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call **ALERAPAY** at 1-800-622-6233.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	
Telephone Number	Email Address	
Street Address		
City	State	Zip Code

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/Phone Number
Current Custodian/Trustee Address	Current Custodian/Trustee City, State and Zip Code
Current Custodian/Trustee HSA/MSA/IRA Account Number	
Transfer from (choose one): <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA	This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA/MSA/IRA.
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part \$ _____ of my HSA/MSA/IRA in the following manner:	
<input type="checkbox"/> Please make a check payable as follows: ALERAPAY FBO: _____ HSA Accountholder Name	

Transfer checks should be sent to **ALERAPAY at 800 Parker Hill Drive-Suite 100, Rochester NY 14625**, with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.

Signature of Accountholder

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 HealthcareBank or ALERAPAY. 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 HealthcareBank or ALERAPAY liable for any adverse consequences that may result.

Signature of HSA Accountholder	Date
--------------------------------	------

Accepting HSA Custodian

HealthcareBank or ALERAPAY agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred.


[Authorized Signature of Accepting HSA Custodian]