



TRANSFER REQUEST



PART 1. RECIPIENT

Individual requesting the transfer

Name (First/MI/Last) _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____ Suffix _____

RELATIONSHIP TO CURRENT OWNER (Select one)

I am the current account owner.

I am the former spouse of the current account owner.

PART 3. CURRENT ACCOUNT OWNER

Name (First/MI/Last) _____

Social Security Number _____

Account Number _____ Suffix _____

CURRENT ACCOUNT TYPE (Select one) HSA Archer MSA

PART 2. ACCEPTING HSA CUSTODIAN

To be completed by the HSA custodian receiving the assets

Name **PATELCO CREDIT UNION**

ATTN: HSA DEPT. #25

Address **PO BOX 8020**

City/State/ZIP **PLEASANTON, CA 94588**

Phone _____ Organization Number _____

Contact Name _____

PART 4. CURRENT ACCOUNT CUSTODIAN

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____

PART 5. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS (Select one)

One-Time Transfer

Transfer Amount _____ Transfer Date _____

Entire Account Balance This Transfer Will Close the Current Account

Recurring Transfer

Transfer Amount _____ Transfer Start Date _____

Frequency (Select one) Monthly Quarterly Semi-Annually Annually Other _____

MAKE PAYABLE TO

PATELCO CREDIT UNION

as Custodian of _____

HSA

Name of Accepting HSA Custodian

Name of Recipient

ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Transferred	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the custodian is not responsible for any consequences that may arise from executing this transfer request.

The custodian signing below agrees to accept the assets being transferred.

X _____
Signature of Recipient

_____ Date (mm/dd/yyyy)

X _____
Authorized Signature of Accepting Custodian

_____ Date (mm/dd/yyyy)