



# Transfer HSA Account Balance to New Custodian

Please complete this form to transfer assets from your existing HSA account to your new HSA custodian. If you want your HSA funds to be distributed directly to you from your existing HSA account, please use the HSA Rollover Distribution form. You may wish to review IRS Publication 969 found at [www.irs.gov/pub/irs-pdf/p969.pdf](http://www.irs.gov/pub/irs-pdf/p969.pdf).

Some custodians may require you to submit their forms in addition to this form. Please check with your new custodian to ensure the necessary documentation is completed. **Please complete a separate form for each HSA to be transferred.**



**Fax completed form and current account statement to:**  
855.588.1028



**Mail completed form and account statement to:**  
P.O. Box 162177  
Altamonte Springs, FL 32716



**Questions about this form?**  
Contact your Member Advocate  
Team number located on the back  
of the Member ID Card

## Section 1: Account Information

ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## Section 2: Specify Transfer Amount

☐ Transfer my entire balance and close my account

☐ Transfer a specific amount:

\$

TRANSFER AMOUNT

Complete Next Page ➤

### Section 3: New Custodian Information

BANK NAME

TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)

STREET ADDRESS

CITY

STATE

ZIP CODE

### Section 4: Signature

I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA account and that all information provided by is true and correct. I further certify that no tax advice has been given to me by PNC Bank as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this transfer distribution are my own. I assume full responsibility for this transfer distribution and will not hold PNC Bank as Custodian, or its affiliates, liable for any adverse consequences that may result.

I acknowledge that I have read and understand the terms and conditions applicable to a transfer distribution as set forth in the Custodial Agreement provided when opening this HSA account. I understand that any applicable fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule found on the Portal).

SIGNATURE OF HSA ACCOUNT HOLDER

DATE

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