

# Transfer request form



For fastest processing, upload your completed form in your member portal.

Go to **Support > Health Savings Account > Fill out a Form** for the document uploader.

Or you can email, mail, or fax us your completed form.

**Email:** [transfer@healthequity.com](mailto:transfer@healthequity.com)

**Address:** HealthEquity, Attn: Operations, PO Box 14374, Lexington, KY 40512

**Fax:** 801.846.2929

**Transfer funds directly from another custodian into your HealthEquity® health savings account (HSA).**

Account holder information					*Required fields
Last name*	First name*	M.I.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth*	
Street address*		City*		State*	ZIP*
Email address		Daytime phone ( )	SSN or HealthEquityID number*		
Employer name			Health insurance company		

Transfer information			
<b>Note:</b> <ul style="list-style-type: none"><li>Your current custodian may need additional details before transferring funds to HealthEquity.</li><li>Choosing to transfer the full amount does not guarantee your current custodian will close your other account.</li></ul> Contact your custodian to confirm.			
Current custodian/Financial institution*	Fax ( )	Daytime phone ( )	
Address	City	State	ZIP
Current HSA/IRA/MSA account number	Amount to transfer <input type="checkbox"/> Specific amount \$ _____ <input type="checkbox"/> Full amount (close my account)		
Please indicate the account type that the monies will be coming from. <input type="checkbox"/> Another HSA <sup>1</sup> (health savings account) <input type="checkbox"/> MSA <sup>1</sup> (medical savings account) <input type="checkbox"/> IRA <sup>2</sup> (individual retirement account)			

Authorization	
I authorize the transfer of assets in the manner described above and certify that all of the information provided by me is true and complete. This transfer request may close my existing account defined in the Amount to Transfer section.	
Account holder signature*	Date

Instructions for current custodian
Make check payable to HealthEquity and mail it to: <b>HealthEquity, Attn: Operations</b> , PO Box 14374, Lexington, KY 40512

<sup>1</sup> **HSA/MSA**—If you instruct the custodian of your HSA or MSA to transfer funds directly to the custodian of another HSA, the transfer is not considered a rollover. There is no limit on the number of these transfers. You do not need to include the amount transferred in income, deduct it as a contribution, or include it as a distribution on IRS Form 8889, line 12a.

<sup>2</sup> **IRA**—Beginning in 2007, individuals can make one lifetime transfer from their IRA to an HSA, subject to the contribution limits applicable for the year of the transfer. Additional information can be found at [www.irs.gov](http://www.irs.gov).

## Move It. Double It.

Get double interest on your HealthEquity® HSA. Just transfer or roll over \$250 or more from another HSA to HealthEquity and get up to \$25 total. Get full details at [www.healthequity.com/double-it](http://www.healthequity.com/double-it).