



Transfer of Assets

Ensure you have an active WealthCare Saver* HSA and account number (starting with 314) through Medcom Benefit Solutions.

Complete sections 1 through 5 in their entirety, including the full account numbers of the HSA you are transferring to (Section 1) and the HSA you are transferring from (section 2).

Mail completed form to your current HSA custodian.

Retain a copy of this form and direct questions on the status of your transfer to your current HSA custodian.



**Mail completed form
to your previous HSA
Custodian for processing**



Questions about this form?
(800) 523-7542
Monday through Friday, 8:30 am to
5 pm ET

Transfer my HSA TO this account

Section 1: HSA Account Information (WealthCare Saver as Custodian)

ACCOUNT NUMBER (13 digits beginning with 314)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Transfer my HSA FROM this account

Section 2: Current Custodian Information

ACCOUNT NUMBER

BANK NAME

TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 3: Funding Instructions (select one)

Select type of transfer:

- HSA
(Transaction Code 208)
- MSA
(Transaction Code 209)
- IRA*
(Transaction Code 210)

SIGNATURE OF ACCOUNT HOLDER

_____/_____/_____
DATE

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 me is true and correct. I further certify that no tax advice has been given to me by WealthCare Saver as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this request to transfer assets from my existing account at the Current Custodian named above are my own. I acknowledge that I have met the requirements for making the above request and I assume full responsibility for this request to transfer assets and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

SIGNATURE OF ACCOUNT HOLDER

_____/_____/_____
DATE

Section 5: Transfer Instructions

- Entire account balance
- Specific dollar amount of transfer:
\$ _____
- Close Account
- Keep Account Open

Section 6: Instructions to Current Custodian/Transfer

Please liquidate the amount shown in Section 5 and make check payable to WealthCare Saver FBO (Account Holder Name) HSA. Checks should be mailed along with this form to:

Standard Mailing Address:
WealthCare Saver #010950
BIN 88950
Milwaukee, WI 53288-0950

Overnight Mailing Address:
WealthCare Saver #010950
BIN 88950
4900 W. Brown Deer Road
Milwaukee, WI 53223

Section 7: Acceptance by WealthCare Saver as Custodian

WealthCare Saver accepts its appointment as Custodian of the above referenced account and has established an HSA for the Account Holder under Internal Revenue Code Section 223(a). WealthCare Saver, as a Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.

Accepted by WealthCare Saver



AUTHORIZED REPRESENTATIVE OF WEALTHCARE SAVER

____ / ____ / ____
DATE