

HSA Transfer Request Form

HSA Account Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____ Home Number: _____

FORMER SPOUSE INFORMATION

Note: This section should be completed if the former spouse is receiving the HSA through a divorce statement.

Former Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____ Home Number: _____

TRANSFER FROM CUSTODIAN/TRUSTEE INFORMATION

HSA Trustee's or Custodian's Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

HSA Account Identifications and Type : _____
(Transferring HSA)

TRANSFER INFORMATION

Directly transfer: All Part of the HSA identified above in the following Manner

This transfer: Will Will Not close the HSA

Please make check payable as follows: **McGriff Flexible Benefit Services as Successor Custodian of the** _____ **HSA**
(HSA Account Owner's Name)

ACCOUNT LIQUIDATION INSTRUCTIONS

Accounts to be Transferred	Amount to be Transferred	Liquidate Immediately
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SIGNATURE OF HSA ACCOUNT OWNER OR FORMER SPOUSE

I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee of Custodian.

(HSA Account Owner's or Former Spouse's Signature)

(Date)

ACCEPTING HSA TRUSTEE OF CUSTODIAN

Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.

Please mail to:

**McGriff Flexible Benefit Services
HSA Administration
PO Box 6400
Greenville, SC 29606**

(McGriff Flexible Benefit Services Signature)

(Date)