

HEALTH SAVINGS ACCOUNT
HSA /MSA Transfer Request Form

INSTRUCTIONS: To initiate a direct transfer of HSA/MSA funds from your current trustee/custodian to an HSA at American Chartered Bank complete, sign and return this form to American Chartered Bank.

Check this box if transfer will fund a new HSA account and include your HSA account application with this form.

PARTICIPANT INFORMATION:

Social Security Number: _____

Name: _____
(First) (Initial) (Last)

Address : _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Business Phone #: _____

e-Mail Address (optional): _____

TRANSFER INFORMATION:

Current HSA / MSA Trustee or Custodian Information:

Current HSA / MSA Account Number: _____

Institution Name: _____

Address : _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Transfer Instructions (choose one):

- Immediately liquidate all assets and make a check payable to American Chartered Bank as custodian for the above-referenced account.
 Make a check payable to American Chartered Bank as custodian for the following amount: \$ _____
The transfer / rollover indicated above will / will not close my account.

ACCOUNT HOLDER SIGNATURE:

I authorize the transfer of the HSA assets in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian. Please allow 4 – 6 weeks for completion of transfer. Actual time required to complete transfer is dependent upon the current HSA/MSA Trustee/Custodian processing times.

Health Savings Account Holder Date

Medallion Signature Guarantee Stamp Requirement: If funds being transferred are currently invested in any form of security, the account holder's signature must be guaranteed with a Medallion Signature Guarantee Stamp. Without this stamp the current Trustee/Custodian may reject this transfer request. Medallion Signature Guarantees may be obtained at most financial institutions/brokerage firms when the request is made in person by the account owner and a copy of the most recent account statement is presented.

ACCEPTING HSA CUSTODIAN: (To be Completed by American Chartered Bank)

American Chartered Bank agrees to serve as Custodian for an account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

Authorized Signer of American Chartered Bank Date

**Please mail check &
direct all correspondence to:**

**American Chartered Bank
HSA Processing
PO Box 5994
Carol Stream, IL 60197-5994**

Phone (847) 407-2603 Fax (847) 407-2633