



# HEALTH SAVINGS ACCOUNT TRANSFER FORM

## Instructions

1. Use this form to initiate a direct transfer of funds from your HSA with another custodian to an HSA with Surency. Use the HSA Contribution Form to make a rollover contribution to your HSA.
2. Complete this form and mail it to Surency, P.O. Box 789773, Wichita, KS 67278-9773. Keep a copy of the form for your records.

## Member Information

Last Name, First Name, MI (Please Print) \_\_\_\_\_ Employer \_\_\_\_\_ Social Security or Employee ID \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Transfer Instructions for Current Custodian/Trustee

Transferring Custodian/Trustee Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Transferring Custodian/Trustee Address \_\_\_\_\_ HSA/MSA/IRA Account Number \_\_\_\_\_  
 Transferring Custodian/Trustee City, State & ZIP \_\_\_\_\_ Transfer from (choose one):  HSA  MSA  IRA  
 Transferring Custodian/Trustee Phone Number \_\_\_\_\_  
 This transfer  will  will not close the HSA/MSA/IRA.  
 Directly transfer  all or  part \$ \_\_\_\_\_ of my HSA/MSA/IRA in the following manner:  
 Please make a check payable as follows: **Surency as agent for WEX Inc. FBO:** \_\_\_\_\_ **HSA**  
 Accountholder Name

Transfer checks should be sent to **Surency at P.O. Box 789773 Wichita, KS 67278** with a copy of this form or other correspondence including the accountholder's name and Social Security Number.

## Signature of Accountholder

I hereby certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Surency or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from Surency or WEX Inc. and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Surency and WEX Inc. I make an irrevocable election to treat this transaction as a transfer.

Signature of HSA Accountholder \_\_\_\_\_ Date \_\_\_\_\_

## Accepting HSA Custodian

WEX Inc. agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred. Terms and conditions of the HSA are included in your HSA agreement.

**Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841  
or mail: P.O. Box 789773, Wichita, KS 67278-9773**

**866-818-8805 • Surency.com**