



ACCOUNTHOLDER TRANSFER FORM

Health Savings Account (HSA)

Provide this completed form to your current HSA custodian to initiate a transfer of funds to BASIC.
Transfer checks should be sent to BASIC with a copy of this form or other correspondence including the accountholder's name and Social Security Number.

Mail

BASIC, PO Box 7308
Madison, WI 53704-7308

ACCOUNTHOLDER INFORMATION

Benefits ID (12-digit)										
First Name					MI		Last Name			
Date of Birth					Social Security Number					
Email Address										
Primary Phone					Mobile Phone					
Primary Address	Address Line 1									
	Address Line 2									
	City						State		ZIP	

CUSTODIAN TRANSFER INFORMATION

Transfer instructions for current Custodian/Trustee (financial institution from which you are transferring HSA funds).

Current Custodian/Trustee Name									
Custodian/Trustee Contact Name									
Contact Email Address									
Contact Phone									
Current Custodian/Trustee Address	Address Line 1								
	Address Line 2								
	City						State		ZIP
Account Number									
Account Type (Select one)		<input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA							
Directly transfer		<input type="checkbox"/> all or		<input type="checkbox"/> part		\$		of my HSA/MSA/IRA, payable via mailed check to BASIC.	
This transfer		<input type="checkbox"/> will or		<input type="checkbox"/> will not		close my HSA/MSA/IRA.			

Custodian: Make check payable to **BASIC HSA** and enter accountholder name in Memo field.

AUTHORIZATION

I authorize the transfer of the HSA assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring Custodian/Trustee, BASIC and Lake Ridge Bank. Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold BASIC or Lake Ridge Bank liable for any adverse consequences that may result.

HSA Accountholder Signature

Date