



# ACCOUNTHOLDER TRANSFER FORM

## Health Savings Account (HSA)

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

### Mail

TASC, PO Box 7308  
Madison, WI 53704-7308

## ACCOUNTHOLDER INFORMATION

TASC ID										
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"/> <b>all</b> or		<input type="checkbox"/> <b>part</b>		\$		of my HSA/MSA/IRA, payable via mailed check to TASC.		
This transfer		<input type="checkbox"/> <b>will</b> or		<input type="checkbox"/> <b>will not</b>		close my HSA/MSA/IRA.				

**Custodian:** Make check payable to **TASC 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, TASC 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 TASC or Lake Ridge Bank liable for any adverse consequences that may result.

\_\_\_\_\_  
HSA Accountholder Signature

\_\_\_\_\_  
Date