

HSA Rollover or Transfer Request

To expedite your health savings account (HSA) rollover or transfer, please work directly with the bank where your HSA funds are currently on deposit. Many banks require that you use their form, so please check with your current bank to be sure they will accept our form, before proceeding with this form.

HSA rollovers or transfers will be applied to the calendar year in which the funds are received. Due to processing time at other financial institutions please allow 4-6 weeks for the funds to arrive in your Optum Bank HSA. In order to use this form, you must have an Optum Bank HSA. To open an account, visit us at optumbank.com. Questions? Call the number of the back of your debit card if you have any questions while completing this form.

ptumbank.com. Questions? Call the number of the back of your debit card if yo Required fields	ou have any questions while completing this form. 040 CO HA MCDH HSA
1 Account holder information	OHO CO TIATINIDATION
Account holder information Account holder name:*	Optum account # or SSN:*
Address:*	Optum account # or con.
City, State, Zip:*	Daytime phone #:*
	check received from your previous HSA Administrator)
By initialing here, I acknowledge that the IRS Code limits the number of bank must report the transaction. I understand that if I need additional information	rollovers that may be taken, how quickly rollovers must be completed, and how the tion, I will contact my tax advisor. By providing my initials, I am also certifying to the I that I am making an irrevocable election to treat the transaction as a rollover. I also
Next step: Sign section 4 of this form and mail the check and completed	form to: Optum Bank, P.O. Box 60099 Newark, NJ 07101
3 Transfer option (Complete this section if transferring)	your HSA currently being administered by another bank)
Remember: Check with your current Administrator to determine their process	for transfers and account closures, and be sure to follow that process. They may
to transfer all assets in my current HSA to my Optum Bank HSA and for my cur	·
HSA Administrator name:*	Account #:*
Name on HSA:*	Administrator phone #:*
Administrator address:*	Administrator City, State, Zip:*
assets in my account that are not transferable. By signing below, I authorize Ad	me. I understand that you will contact me with respect to the disposition of any other dministrator to deduct any outstanding fees due to the Administrator from the credit be credit balance in the account is insufficient to satisfy any outstanding fees due to extent necessary to satisfy that obligation.
by you. Please be advised that without the validity or timing of whether or not such	e above named individual to accept a transfer of those certain HSA funds held at or ch a transfer is permitted under applicable law, Optum Bank, Inc. is a Utah chartered an under Internal Revenue Code 408(n) and as such, may accept all HSA and other
Please remit a check payable to Optum Bank as a custodian/administrator of the owner name, SSN and form, and mail to: Optum Bank, P.O. Box 60099, Newar	he above mentioned account for the requested transfer amount, including account rk, NJ 07101.
Authorized signature of new Trustee or Custodian:	L. Lund
4 Authorization	
I have read and understand the rules and conditions referenced herein in thi with HSA fund transfers and rollovers and I have met the requirements for m HSA, I have been advised to seek the advice of a legal or tax professional. Al	is form, including but not limited to, those applicable statutes and rules in connection aking a transaction. Due to the important tax consequences when moving funds in a linformation provided by me herein is true and correct and may be relied on by Optu Optum Bank is an HSA custodian with no fiduciary responsibilities and as such shall are or rollover conducted pursuant hereto.
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Authorized signature (physical signature required)	Date