



Ensure you have an active WealthCare Saver\* Health Savings Account (HSA) and account number (starting with 601) through Peak One Administration.

Complete sections 1 through 4 in their entirety, including the full account numbers of the HSA you are transferring to (section 1) and the HSA you are transferring from (section 2).

Mail completed form to your previous HSA custodian. Retain a copy of this form and direct questions on the status of your transfer to your previous HSA custodian. Only use this form if the assets will be transferred directly from your existing HSA, MSA, or IRA custodian.

Note: Please complete this form to transfer assets from an existing HSA, MSA, or IRA custodian to your HSA with WealthCare Saver. Some custodians may require you to submit their forms in addition to this form. Please check with your previous custodian to ensure the necessary documentation is completed.

Please complete a separate form for each account to be transferred. You may wish to review IRS publication 969 found at www.irs.gov/ pub/irs pdf/p696.pdf.

It may take up to 10 days for the completion of the transfer of assets (from the time this form is received).



## Mail completed form

to your previous HSA Custodian for processing

TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)

STATE

## Questions about this form?

866.315.1777

Transfer my HSA TO **Section 1:** HSA Account Information (WealthCare Saver as Custodian) ACCOUNT NUMBER (12 digits beginning with 601) FIRST NAME LAST NAME MIDDLE INITIAL **EMPLOYER NAME** SOCIAL SECURITY NUMBER **EMAIL ADDRESS TELEPHONE NUMBER** STREET ADDRESS CITY STATE ZIP CODE Transfer my HSA FROM this account Section 2: Previous Custodian Information **ACCOUNT NUMBER BANK NAME** 

ZIP CODE

CITY

STREET ADDRESS

Section 3: Funding Instruction	ons ————		
Select type of transfer:			
	HSA (Transaction Code 208)	MSA (Transaction Code 209)	IRA (Transaction Code 210)
Select amount of transfer:			
	Entire account balance	Specific \$	dollar amount of transfer:
			/ /
LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)  DATE			
_ <b>Section 4:</b> Signature			
I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by WealthCare Saver as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this request to transfer assets from my existing account at the Previous Custodian named above are my own. I acknowledge that I have met the requirements for making the above request and I assume full responsibility for this request to transfer assets and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.			
			//
LEGAL SIGNATURE OF ACCOUN	NT HOLDER (FIRST & LAST NA	ME REQUIRED)	DATE
Section 5: Transfer Instructions for Previous Custodian			
Please liquidate the amount shown in Section 5 and make check payable to WealthCare Saver FBO (Account Holder Name) HSA. Checks should be mailed along with this form to:			
Standard Mailin WealthCare Sav BIN 88163 Milwaukee, WI 5	ver #010163 We 49	rernight Mailing Addre ealthCare Saver #0101 00 W. Brown Deer Roa lwaukee, WI 53223	63
Section 6: Acceptance by We	aalthCare Saver as Custo	dian —	
WealthCare Saver accepts its appointment as Custodian of the above referenced account and has established an HSA for the Account Holder under Internal Revenue Code Section 223(a). WealthCare Saver, as a Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.  Accepted by WealthCare Saver			
AUTHORIZED REPRESENTATIVE OF WEALT	THCARE SAVER		

**2** Rev. 052025

<sup>\*</sup> Alegeus Technologies, LLC, d/b/a WealthCare Saver, is licensed with the IRS as a Non-Bank Custodian