



Ensure you have an active WealthCare Saver\* HSA and account number (starting with 601) through Flores.

Complete sections 1 through 5 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.

Note: Please complete this form to transfer assets from an existing HSA, MSA, or IRA custodian to your new 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.

Only use this form if the assets will be transferred directly from your existing HSA, MSA, or IRA custodian. 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/p969.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 Questions about this form? Contact the number on the back of your debit card

Transfer my HSA TO [this account]

ACCOUNT NUMBER (12 digits	s beginning with 601)	
LAST NAME	FIRST NAME	MIDDLE INITIAL
EMPLOYER NAME		SOCIAL SECURITY NUMBER
EMAIL ADDRESS		TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE

ACCOUNT NUMBER		
BANK NAME		
ELEPHONE NUMBER (PLEAS	SE INCLUDE AREA CODE)	
STREET ADDRESS		
CITY	STATE	ZIP CODE
ection 3: Funding Instru	ictions (select one) ———	
Select type of transfer:	actions (select one)	
HSA	MSA IRA*	
(Transaction Code 208)	(Transaction Code 209) (Transaction Co	ode 210)
SIGNATURE OF ACCOUNT HO	DLDER	
Section 4: Signature —		
I certify that I am the HSA accountinformation provided by me is true Custodian, or its affiliates. I under to transfer assets from my existin	e and correct. I further certify that no t rstand that I may consult a tax profess g account at the Previous Custodian	eive payment(s) from this HSA account and that all tax advice has been given to me by WealthCare Saver as sional or legal counsel. All decisions regarding this request named above are my own. I acknowledge that I have met onsibility for this request to transfer assets and will not hold consequences that may result.
WealthCare Saver as Custodian,	DLDER	//
WealthCare Saver as Custodian,	DLDER	
WealthCare Saver as Custodian,		
WealthCare Saver as Custodian,  BIGNATURE OF ACCOUNT HO		

Section 6: Transfer Instructions for Previous Custodian
Section 6. Transfer instructions for Frevious 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 Mailing Address: WealthCare Saver #010163 BIN 88163 Milwaukee, WI 53288-0163
Overnight Mailing Address: WealthCare Saver #010163 4900 W. Brown Deer Road Milwaukee, WI 53223
Section 7: Acceptance by WealthCare Saver as Custodian
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
Mi I
AUTHORIZED REPRESENTATIVE OF WEALTHCARE SAVER DATE