KeyBank Health Savings Accounts (HSA) Transfer Form

Please complete this form if you are transferring your Health Savings Account from another trustee or custodian to KeyBank. Attach a recent account statement to this document to help your current custodian identify the assets you wish to transfer.

Bank Number: _____ (to be completed by bank employee) Social Security No.: _____

ACCOUNT HOLDER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

RESIGNING HSA TRUSTEE OR CUSTODIAN

Please indicate the name and address of your former HSA or Medical Savings Account (MSA) Custodian. (This information may be found on your last statement.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

TYPE OF ACCOUNT YOU ARE TRANSFERRING

Currently, an HSA or MSA may be transferred to this HSA using this Transfer form. For funds transferred from an IRA, you must be currently eligible to contribute to an HSA and amounts transferred count toward the annual contribution limit for HSAs.

☐ Health Savings Account ☐ IRA ☐ Medical Savings Account

INSTRUCTIONS FOR CURRENT CUSTODIAN

Please use this area to indicate the account numbers that you are interested in transferring to KeyBank. This is especially useful if you have more than one investment indicated on the attached statement.

1 Bank Account | Account Number _____ $ _____ | Entire Balance? ☐ Yes ☐ No

Close account: ☐ Only at maturity ☐ Immediately (Certain bank penalties may apply)

2 Bank Account | Account Number _____ $ _____ | Entire Balance? ☐ Yes ☐ No

Close account: ☐ Only at maturity ☐ Immediately (Certain bank penalties may apply)

3 Brokerage Account | Account Number _____ | KeyBank cannot accept assets "in-kind". ☐ Sell all assets or ☐ Sell the following asset(s) only: _____

ACCOUNT HOLDER SIGNATURE

_____ Signature _____ Date:

DELIVERY INSTRUCTIONS FOR A TRANSFER TO KEYBANK

PHYSICAL DELIVERY OF A CHECK

Make the check payable to:

KeyBank FBO: [_____], HSA

Mail the check to the Branch address indicated below:

_____

_____

_____

Attention: _____

ACCEPTANCE BY KEYBANK

KeyBank agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets as specified on this form.

_____ Authorized KeyBank Signature _____ Date:

BRANCH ACTION: Send completed form to the current Custodian/Trustee for funding.

PRINT RESET