

**HSA DIRECT TRANSFER
INSTRUCTIONS (FORM 2625H)**

Please Print or Type

TO: _____
Current HSA, MSA, or IRA Fiduciary Account Number at Current Institution

Mailing Address of Current HSA, MSA, or IRA Fiduciary

Please liquidate and transfer the amount indicated below from the Health Savings Account (HSA), Archer Medical Savings Account (MSA), or traditional IRA you are maintaining on my behalf to the HSA I have established at my credit union (named in the Identifying Information section of this form). **Make the check payable as follows: Name of Credit Union, F/B/O HSA Owner's Name.** Note on the check that it is for deposit to account number _____ at the credit union. Attach the check to a copy of this form and send it to the credit union at the address provided below. My credit union can only accept a check to implement this transfer, so please don't send it in any other form.

Type of Transfer

- HSA to HSA
 Archer MSA to HSA
 Traditional IRA to HSA

IDENTIFYING INFORMATION

Account Owner's Name (First, Initial, Last) _____ Credit Union Name _____
Social Security Number _____ HSA Suffix _____ Credit Union Mailing Address _____
CUID (Credit union will complete.) _____ City, State, ZIP _____
_____ () _____
Phone Number _____
Contact Person at Credit Union _____

AMOUNT AND TIMING OF TRANSFER

Liquidate the current investment and transfer the proceeds as follows. **Check one box in each column.**

Amount to transfer:

1. \$ _____
 2. The entire amount in my account and close my account.

Make this transfer:

1. On _____ Date (MM/DD/YYYY)
 2. Immediately.
 3. At maturity of the investment.

CREDIT UNION'S SIGNATURE

The credit union named above agrees to act as successor trustee or custodian and accept the transfer described above for deposit to the HSA established on behalf of the owner named above.

X _____
Credit Union Representative's Signature Date (MM/DD/YYYY)

ACCOUNT OWNER'S SIGNATURE

I have established an HSA with the credit union named above. I authorize the current fiduciary of my HSA, MSA, or traditional IRA to liquidate the above described portion of my interest in the plan and send the proceeds to my credit union as directed on this form. (The HSA owner should check with the fiduciary that currently has the funds to determine whether a signature guarantee is required.)

X _____
Account Owner's Signature Date (MM/DD/YYYY)