**Address for Return Mail:**
Bank of Ann Arbor
HSA Processing
801 W. Ellsworth Rd.
Ann Arbor, MI 48108

734-662-1600 * Fax 734-662-1059 * Website: boaa.com

# HSA TRANSFER REQUEST

## GENERAL INFORMATION

| Name | | Soc. Sec. # | |
|---|---|---|---|
| Street Address | City | State | Zip Code |
| Date of Birth | Daytime Phone # | Home Phone # | |

## TRANSFER REQUEST

I authorize and direct you, the Custodian/Trustee, to send as a transfer of assets indicated in Section 3 below to the Custodian/Trustee named on the upper left corner of this form. (Attach a copy of the most recent statement of the account you are transferring.)

| Present Custodian/Trustee's Name | Account # | Phone # | |
|---|---|---|---|
| Street Address | City | State | Zip |

## PAYMENT INFORMATION

New Account Number

Payment Schedule I authorize and direct you to send my assets as follows:

(1) ☐ Immediately liquidate all assets and send the cash proceeds.
(2) ☐ Send cash proceeds of all investments at maturity. (3) ☐ Other _____
_____
_____

Payment Method I authorize and direct you to send my assets to the Custodian/Trustee named above as follows:

(1) ☐ By check. Please make check payable to: Bank of Ann Arbor Custodian
FBO_____
Please send check to: Bank of Ann Arbor
801 W. Ellsworth Rd.
Ann Arbor, MI 48108

(2) ☐ Other_____

## SIGNATURES

I certify that I have or will establish an account with the Custodian/Trustee named above. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers and I agree to indemnify and to hold the Custodian/Trustee harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian/Trustee cannot provide legal advice and I agree to consult with my own tax professional for advice.

The Custodian/Trustee agrees to accept these funds as a transfer.

_____
Signature of HSA/MSA Owner Date

_____
Signature of Custodian/Trustee Date