

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. #			
	l a			0		T =: 0	
Street Address	City			State		Zip Code	
Date of Birth	Daytime	Phone #		Home Phone #		1	
TRANSFER REQUEST	to cond oc	a transfer of	acceta indicated in Co	otion 2 holow to	the Cueted	ion /Truot	too namad an tha
I authorize and direct you, the Custodian/Trustee, tupper left corner of this form. (Attach a copy of the					the Custou	ian/ irusi	tee named on the
Present Custodian/Trustee's Name			Account #	Phone #			
Street Address		City		State		1	Zip
Street Address		Oity		State			Zip
DAVMENT INCODMATION							
PAYMENT INFORMATION New Account Number							
New / lood and realises							
Payment Schedule I authorize and direct you to se	end my ass	ets as follows	S:				
(1) ☐ Immediately liquidate all assets and send t (2) ☐ Send cash proceeds of all investments at r			r				
(2) 🗖 Send cash proceeds of all investments at i	naturity.	(3) 🗖 Otile					
Payment Method I authorize and direct you to ser follows:	nd my asse	ts to the Cust	odian/Trustee named	above as			
(1) By check. Please make check payable to: E	Bank of Anr	n Arbor Custoo	dian				
FB0							
Please send check to: Bank of Ann Arbor							
801 W. Ellsworth Rd. Ann Arbor, MI 48108							
(2) Other							
SIGNATURES		ı: / T .					
I certify that I have or will establish an account with responsible for determining my eligibility for all tran							
any and all situations arising from an ineligible trar							
agree to consult with my own tax professional for a	dvice.						
The Custodian/Trustee agrees to accept these fund	de ae a trai	nefer					
The Sactarany Trustee agrees to accept these fair	ao ao a tiai	10101.					
Signature of HSA/MSA Owner				 Date			
Signature of FISAy MISA OWITE				Date			
Signature of Custodian/Trustee				Date			
Signature or Gustourari/ Hustee				Date			