# HSA Transfer Request Form	**HSAToday®**

To request an HSA Transfer or Rollover from prior custodian to HSA*Today*, please complete this Form and Submit to:

HSAToday®
PO Box 55068, Little Rock, AR 72215
Voice 888-665-1264   Fax 501-687-1409   Email: support@myhsatoday.com

PART I - ACCOUNT OWNER INFORMATION (PLEASE PRINT)

Name:	SSN:	DOB:
Address:		
HSAToday Account:	**Phone:**	**Email:**

PART II – TRUSTEE TO TRUSTEE TRANSFER

I currently have a Health Savings Account or Medical Savings Account with another Trustee/Custodian and want to transfer the funds directly to HSAToday (National Advisors Trust Company, FSB)

Current Custodian Contact Name	
Phone and Fax Number:	
Address:	
Current MSA/HSA Account Number:	

I _____, authorize _____ (current custodian) to Directly transfer:

_____ **All** or _____ **Part** of my account in the following manner. If partial transfer list Amount $_____.

Check one of the following:

❑   Make a check payable to ("HSAToday®") and mail to: **HSAToday,** Health Savings Account Dept., PO Box 55068, Little Rock, AR 72215

❑   The Previous Custodian is going to transfer funds via ACH to HSAToday. Previous Custodian can call **888-665-1264** to receive the account information for this transfer.   Amount to transfer $_____

PART III – HSA ROLLOVER

I have been issued a check in the amount of $_____ and closed my HSA or MSA. I would like to rollover the funds to establish an HSA with HSAToday (National Advisors Trust Company, FSB)

(Answer the Rollover Qualification Questions on Page 2 and then complete Part III and IV.)

I want to send my rollover funds via:

❑   **Check** – mail check to: DataPath Financial Services, PO Box 55068, Little Rock, AR 72215

❑   **EFT Draft** from my personal bank account at this financial institution:

Bank Name: _____   Account Type: ☐ Checking   ☐ Savings

Route Number: _____   Account Number: _____

PART IV– SIGNATURES

I authorize the transfer of the HSA or MSA assets in the manner described above, and certify that all of the information provided by me may be relied upon by the Trustee or Custodian.	**For Internal Use Only:** Our organization agrees to serve as the new Custodian for the account of the above named individual, and as Custodian, we agree to accept the assets being transferred.
Printed Name _____ Signature _____ Date _____	Processor Printed Name _____ Processor Signature _____ Date _____