

Transfer of Assets

custodian to your new HSA custodian. Some custodians may require you to submit their forms in addition to this form. Please check with your current custodian to ensure the necessary documentation is completed. Only use this form if the assets will be transferred directly from your existing HSA, MSA or IRA custodian. If your funds have been distributed to you from your existing custodian and you would like the funds to rollover into your HSA, please use the 'HSA Rollover Contribution' form. Please complete a separate form for each account to be transferred. You may wish to review IRS Publication 969 found at www.irs.gov/pub/irs-pdf/p969.pdf.



Please complete this form to transfer assets from an existing HSA, MSA or IRA

Mail completed form to your previous HSA **Custodian for processing**

Questions about this form? 1-855-OCA-0777 M-F, 9:00 a.m. - 5:00 p.m. ET

ACCOUNT NUMBER		
LAST NAME	FIRST NAME	MIDDLE INITIAL
EMPLOYER NAME		SOCIAL SECURITY NUMBER
EMAIL ADDRESS		TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
Section 2: Current Cus	stodian Information	
	stodian Information	
ACCOUNT NUMBER		
ACCOUNT NUMBER BANK NAME		

Section 3: Funding Instructions (select one)				
Select type of transfer:				
HSA MSA IRA* (Transaction Code 208) (Transaction Code 209) (Transaction Code 210)				
SIGNATURE OF ACCOUNT HOLDER DATE				
I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by PNC Bank as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this request to transfer assets from my existing account at the Current Custodian named above are my own. I acknowledge that I have met the requirements for making the above request and I assume full responsibility for this request to transfer assets and will not hold PNC Bank as Custodian, or its affiliates, liable for any adverse consequences that may result. SIGNATURE OF ACCOUNT HOLDER DATE				
Section 5: Transfer Instructions Entire account balance Specific dollar amount of transfer: \$ Close Account Keep Account Open				
Please liquidate the amount shown in Section 6 and make check payable to PNC Bank FBO (Account Holder Name) HSA. Checks should be mailed along with this form to: PNC #010163 BIN 88163 Milwaukee, WI 53288-0163				

Section 7: Acceptance by PNC Bank as	Custodian ————————————————————————————————————
Account Holder under Internal Revenue Code Section	e above referenced account and has established an HSA for the 223(a). PNC Bank, as a Custodian, cannot accept assets other than the proceeds will be credited to the above referenced HSA.
Accepted by PNC Bank Michael Jacublan AUTHORIZED REPRESENTATIVE OF PNC BANK	/ /