

**Account Holder:** Please complete all fields of this form prior to mailing. Please mail the signed original copy of this form to the financial institution from which the transfer is being made. A copy of this completed form should be retained for your records.

**Transferring Financial Institution:** Please mail a copy of this form & check to:

Sovereign Bank HSA, P.O. Box 14387, Reading, PA 19612

By the authorized signature below, the successor (receiving) HSA/FSA/HRA/IRA Trustee/Custodian agrees to accept the transferred assets and to deposit them into an IRS-approved Health Savings Account.

**Account Holder Contact Information:**

Name	Sovereign HSA Account Number	Phone	
Address	City	State	Zip
E-mail Address			

**Distribution Selection:**

- Trustee-to-Trustee Transfer** (close my account) – Please close my HSA or Archer MSA and directly transfer my remaining balance into my HSA at Sovereign Bank. Make the check payable to “Sovereign Bank, for the benefit of (name of participant), HSA”. Mail the check and completed copy of this form directly to Sovereign Bank at the address noted above.
- Trustee-to-Trustee Transfer** (keep my current account open) – transfer \$\_\_\_\_\_ into my HSA at Sovereign Bank. Make the check payable to “Sovereign Bank, for the benefit of (name of participant), HSA”. Mail the check and a completed copy of this form directly to Sovereign Bank at the address noted above.
- IRA Transfer** – Please transfer \$\_\_\_\_\_ (not to exceed the maximum contribution allowed) from my IRA account directly into my HSA at Sovereign Bank. Make the check payable to “Sovereign Bank, for the benefit of (name of participant), HSA”. Mail the check and a completed copy of this form directly to Sovereign Bank at the address noted above.

**Please note, your financial institution may require a Medallion Signature Guarantee. Please check with them before you sign this form.**

**Current Financial Institution Information:**

Current Financial Institution's Name	HSA, MSA, or IRA Account Number		
Address	City	State	Zip

**Account Holder Signature:**

I hereby request that the above directed trustee to trustee transfer occur. If this is a transfer from an HSA or MSA, and I have indicated above, I request that the account be closed upon receipt of this form.

If the transfer is with regard to an IRA, I hereby represent that: i) this is the only such IRA to HSA transfer that I have requested; ii) I understand that the transfer will reduce and is limited by the annual amount of HSA contributions that I can make; iii) that I must continue to be eligible to make HSA contributions for 12 months following the month in which this transfer occurs to avoid adverse tax consequences; and iv) I assume all responsibility for any tax consequences related to this transfer.

I understand that the Trustee-to-Trustee distribution and/or IRA transfers will be mailed directly to Sovereign Bank at the address noted above.

I certify that, to the best of my knowledge, the information provided on this form is true and correct. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed.

Signature of Account Holder: \_\_\_\_\_

**1.877.HSA.7800 (472.7800)**