




HSA Transfer Form

CONSUMER DRIVEN HEALTHCARE

Instructions: Use this form to make a Transfer. Complete and return to Avidia Bank, PO Box 370, Hudson, MA 01749. For assistance call 1-855-472-9399 or send an email to: HSA@AvidiaBank.com

Account Holder Information	
First Name _____	Last Name _____ MI _____
Street Address _____	City _____ State _____ Zip Code _____
Address Line 2 _____	
Social Security Number _____	Daytime Phone _____ E-Mail Address _____
Avidia Bank HSA Account Number _____	
Request Type	
Trustee to Trustee Transfer: I currently have HSA funds with another Trustee/Custodian and want to transfer the funds directly to my HSA account at Avidia Bank	
Transfer Information	
Current Custodian Bank Name _____	Current HSA Account Number _____
Street Address _____	City _____ State _____ Zip Code _____
Phone Number _____	Fax Number _____
Transfer Instructions	
Transfer the entire balance of the Current HSA listed above to Avidia Bank and CLOSE my account & Liquidate investments if applicable	
Please transfer \$ _____ of the Current HSA listed above to Avidia Bank and DO NOT CLOSE my account	
Make Check Payable to : Avidia Bank as Custodian for _____ <small>*Account Owner's First & Last Name*</small>	
Return the Transfer Check to Avidia Bank, PO Box 370, Hudson MA 01749	
Instructions	
Once this completed form is signed and returned to Avidia Bank, we will initiate the Trustee to Trustee Transfer on your behalf. Depending upon the previous Custodian/Trustee Bank's processing time, it may take 4-6 weeks before your funds are sent to Avidia Bank.	
Account Holders Authorization	Accepting HSA Custodian
I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Custodian shall in no way be held responsible.	Avidia Bank agrees to serve as the new Custodian for the account of the individual who is authorizing the Transfer. As the newly designated Custodian, we agree to accept the aforementioned assets transferred. Please remit a check payable to Avidia Bank as Custodian of the HSA Account Number listed above for the amount listed within the Transfer Instructions
_____ <small>Account Owner Signature</small>	 _____ <small>Authorized Signature of New Custodian</small>
_____ <small>Date</small>	

The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and subject to applicable deposit limits.

