

HSA Advantage™ Transfer Request

Use this form to request a transfer of funds INTO your HSA Advantage™ account.

ACCOUNT HOLDER INFORMATION (PLEASE PRINT)		
First Name	Middle Initial	Last Name
SSN	Date of Birth	Phone
Street Address (Check if New Address <input type="checkbox"/>)		Email
City		State Zip

TRANSFER FROM CURRENT CUSTODIAN/	
Trustee Name	Phone Number
Address, City, State, Zip Current Custodian/Trustee	
Account Number	Transfer From HSA MSA

HSA Advantage™

Transfer Form Instructions

1. Complete all sections on the front page (please print/type).
2. Return the completed form to your current custodian to initiate the transfer of funds to your new HSA Advantage™ account.
3. Keep a copy of this form for your records.
4. If you have questions please contact us:
 - Call Customer Service:
 - Visit our website: hard-vnyder.com
 - Email your questions: AskPenny@chard-snyder.com