

# HSA Partial Transfer out Request Form

EMAIL, FAX or MAIL COMPLETED FORMS TO:

**Email:** hsaoperations@motivhealth.com **Fax:** 844.533.1289

**Mail:** MotivHealth, Attention: HSA Operations  
PO Box 709718 Sandy, UT 84070-9718



## Authorization for partial transfer

Complete this form to authorize MotivHealth to transfer a partial amount of your health savings account (HSA). In order to allow for all transactions to settle, your account will be frozen for a period of at least five (5) business days prior to the funds being transferred.

**Note:** You must have the funds you are requesting to transfer available in the HSA Cash balance before a Partial Transfer can be completed. MotivHealth does not automatically liquidate investments on your behalf. To do this, you must log in to your online account and sell enough funds to cover the balance you are requesting to transfer.

## Primary account holder information

Last name	First name	M.I.	
Street address	City	State	ZIP
Email address (required)	Daytime phone (    )	Last 4 of SSN or MotivHealth ID number (6 or 7 digits)	

## Transfer a partial amount to another HSA custodian

Please transfer a portion of my MotivHealth HSA. I am requesting the below balance to be sent via check to the HSA custodian below. EFT transfer is not supported on a transfer to another custodian. You must have the amount you are wanting to transfer plus \$25.00 in your cash balance before we can process a partial transfer. Signature required below.

Partial transfer/will not close account: \$ \_\_\_\_\_

Institution name	Account number		
Street address	City	State	ZIP

## Authorization to transfer account

Name (please print)	Signature	Date
---------------------	-----------	------