

Transfer 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



Use the transfer request form to transfer monies directly from another custodian into your MotivHealth health savings account (HSA).

Part I—Primary account holder information					*Required fields
Last name*	First name*	M.I.	Gender Male Female	Date of birth*	
Street address*	City*	State*	ZIP*		
Email address	Daytime phone ()	SSN or MotivHealth ID number* (6 or 7 digits)			
Employer name	Health insurance company	Coverage level Single Family	Deductible amount\$		

Part II—Transfer information			
This request is for a custodian-to-custodian transfer or an employer-to custodian transfer. The monies currently held by another custodian are to be directly transferred to an HSA at MotivHealth. Note: Your current custodian may require additional information prior to sending MotivHealth the funds you are requesting. Please contact them to verify the additional information they may need.			
Current custodian/Financial institution*	Current custodian fax ()	Daytime phone ()	
Address	City	State	ZIP
Current HSA/IRA/MSA account number	Amount to transfer Specific amount \$ _____ Full amount (close my account)		
Please indicate the account type that the monies will be coming from. (see rules and conditions for account types below.)			
IRA ¹ (individual retirement account) MSA ² (medical savings account) Another HSA ² (health savings account)			

Current custodian instructions
Make check payable to MotivHealth and mail it to: MotivHealth, Attn: Operations , PO Box 709718 Sandy, UT 84070-9718

Authorization	
I authorize the transfer of assets in the manner described above and certify that all of the information provided by me is true and complete. This transfer request may close my existing account defined in the Amount to Transfer section.	
I authorize MotivHealth to open a Health Savings Account in my behalf and I accept the terms of the MotivHealth HSA Custodial Agreement available at http://motivhealth.com/HSA-Forms/ . I understand that in compliance with the USA Patriot Act, MotivHealth must verify the identity of all individuals who seek to open an HSA. I understand that as part of this identity verification process, I may be asked to provide additional information and/or documentation before my account can be established.	
Account holder signature*	Date

Transfers
¹ IRA—Beginning in 2007, individuals can make on lifetime transfer from their IRA to an HSA, subject to the contribution limits applicable for the year of the transfer. Additional information can be found at www.irs.gov .
² HSA/MSA—If you instruct the custodian of your HSA or MSA to transfer funds directly to the custodian of another HSA, the transfer is not considered rollover. There is no limit on the number of these transfers. you do not need to include the amount transferred in income, deduct it as a contribution, or include it as a distribution on the IRS Form 8889, line 12a