

HSA partial transfer out request form



Please mail or fax completed form to:

Address: MotivHealth, Attn: Member Services
P.O. Box 709718 Sandy, UT 84070-9718
(844) 234-4472

Authorization for partial transfer

To authorize MotivHealth to transfer a partial amount of your health savings account (HSA), complete this form. You must leave at least \$25.00 in your cash balance in order to do a partial transfer. **In order to allow for all transactions to settle, your account may 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 plus \$25.00 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 plus \$25.00 to leave in the cash balance.

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 | |

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 |
|---------------------|-----------|------|