HSA Transfer Form

motivHSA™

Email, mail or fax completed forms to:
Email: hsaoperations@motivhealth.com
Address: **MotivHealth, Attn: Member Services**
P.O. Box 709718 Sandy, UT 84070-9718
Fax: 844.533.1289

Use the HSA transfer form to transfer cash funds directly from another custodian into your MotivHealth Health Savings Account (HSA).

Primary Account Holder Details

*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$

Transfer Details

This request is for a custodian-to-custodian transfer or an employer-to custodian transfer. The cash funds 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: HSA Operations**, P.O. 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* *(wet-signature or time-stamped digital signature required).*	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 an 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 custodial 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