

# 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](http://hard-vnyder.com)
  - Email your questions: [AskPenny@chard-snyder.com](mailto:AskPenny@chard-snyder.com)