



## HSA TRANSFER/ROLLOVER REQUEST

<b>HSA OWNER'S NAME AND ADDRESS</b>			<b>CURRENT HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS</b>		
Last _____	First _____	MI _____	Name _____		
Address _____			Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
<b>Social Security Number</b>		<b>Date of Birth</b>	<b>Home Phone</b>	<b>HSA Account Identification and Type (Transferring HSA)</b>	
_____		_____	_____	_____	
<b>Trustee or Custodian's Phone Number</b>					
_____					

**TRANSFER INSTRUCTIONS**

Directly transfer  all or  part of the HSA identified above in the following manner.

Please make a check payable as follows:

Delta Trust & Bank as  Custodian  
(Name of Accepting Organization)

of the  HSA.

This transfer  will  will not close the HSA.

**SIGNATURE OF HSA ACCOUNT OWNER OR FORMER SPOUSE**

I authorize the transfer of the HSA assets in the manner described above and certify that all the information provided by me is correct and may be relied upon by the Trustee or Custodian.

(HSA Account Owner's or Former Spouse's Signature)
(Date)

**ACCEPTING HSA TRUSTEE OR CUSTODIAN**

Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.

Account Identification of Accepting HSA

Delta Trust & Bank  
16600 Chenal Parkway  
Little Rock, AR 72223

(Authorized Signature of New Trustee or Custodian)
(Date)