

# Rollover/Transfer Request Form



Mail or fax completed forms to:

Address: HealthEquity, Attn: Client Services  
15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020

Fax: 520.844.7090

Use the rollover/transfer request form to:

1. Roll over funds that have already been distributed to you from another custodian into your HealthEquity® HSA, or,
2. Transfer monies directly from another custodian into your HealthEquity HSA. Please contact your current custodian to ensure that you meet all of their requirements for transferring funds.

## Part I—Primary Account Holder Information

Last Name <b>Kendrick</b>	First Name <b>Bradley</b>	M.I. <b>K</b>
Street Address <b>940 S Lincoln St. Apt 2</b>	City <b>Salt Lake City</b>	State <b>UT</b>
E-Mail Address (required) <b>bkendrick@slco.org</b>	Daytime Phone <b>(385) 468-7462</b>	SSN or 6-Digit HealthEquity ID Number <b>529-65-4173</b>
Health Insurance Company <b>PEHR</b>	Coverage Effective Date	Coverage Type <input checked="" type="checkbox"/> Single <input type="checkbox"/> Family

Please select one of the following:

- ☐ I have an HSA at HealthEquity. 6-digit HealthEquity ID number (if not included above): \_\_\_\_\_
- ☐ I am setting up an HSA through my employer. Employer name: \_\_\_\_\_ Phone: \_\_\_\_\_
- ☒ I am enclosing an enrollment form with this rollover/transfer form to establish a new HSA with HealthEquity.

## Part II—Rollover Amount \$ \_\_\_\_\_ (Do not complete for Transfer)

## Part III—Transfer Information (Do not complete for Rollover)

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 HealthEquity.

Financial Institution (or Employer Name for FSA/HRA) <b>HSA BANK</b>	Daytime Phone ( )		
Address	City	State	ZIP
Current HSA/IRA/MSA/HRA/FSA Account Number	Dollar amount to be transferred (if known)		

This transfer ☒ will ☐ will not close my existing account.

Please indicate the account type that the monies will be coming from. (See rules and conditions for account type on page 2.)

- ☐ IRA<sup>1</sup> (individual retirement account) ☐ FSA<sup>2</sup> (flexible spending account) ☐ MSA<sup>3</sup> (medical savings account)
- ☒ Another HSA<sup>3</sup> (health savings account) ☐ HRA<sup>2</sup> (health reimbursement arrangement account)

## Part IV—Account Holder Signature (Do not complete for Rollover)

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.

Account Holder Signature (required) <b>Bradley Kendrick</b>	Date <b>2/22/12</b>	Notary Seal (when required by current custodian)
--	------------------------	--

## Current Custodian Information:

Check option: Make a check payable to HealthEquity and mail it along with this form to:  
HealthEquity, Attn: Client Services  
15 West Scenic Pointe Drive, Suite 400  
Draper, UT 84020