



# TRANSFER REQUEST



## PART 1. RECIPIENT

*Individual requesting the transfer*

Name (First/MI/Last) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

### RELATIONSHIP TO CURRENT OWNER (Select one)

- I am the current account owner.
- I am the former spouse of the current account owner.

## PART 3. CURRENT ACCOUNT OWNER

Name (First/MI/Last) \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Suffix \_\_\_\_\_

**CURRENT ACCOUNT TYPE** (Select one)  HSA  Archer MSA

## PART 2. ACCEPTING HSA CUSTODIAN

*To be completed by the HSA custodian receiving the assets*

Name Patelco Credit Union  
Attn: HSA Dept. #25  
Address 3 Park Place  
City/State/ZIP Dublin, CA 94568  
Phone 800-358-8228 Organization Number \_\_\_\_\_  
Contact Name \_\_\_\_\_

## PART 4. CURRENT ACCOUNT CUSTODIAN

Name \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Phone \_\_\_\_\_

## PART 5. TRANSFER INSTRUCTIONS

### TRANSFER OPTIONS (Select one)

**One-Time Transfer**  
Transfer Amount \_\_\_\_\_ Transfer Date \_\_\_\_\_

- Entire Account Balance  This Transfer Will Close the Current Account

**Recurring Transfer**  
Transfer Amount \_\_\_\_\_ Transfer Start Date \_\_\_\_\_

Frequency (Select one)  Monthly  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

### MAKE PAYABLE TO

Patelco Credit Union as Custodian of \_\_\_\_\_ HSA  
Name of Accepting HSA Custodian Name of Recipient

### ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Transferred	Special Instructions

## PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the custodian is not responsible for any consequences that may arise from executing this transfer request.

The custodian signing below agrees to accept the assets being transferred.

**X** \_\_\_\_\_ Date (mm/dd/yyyy)  
Signature of Recipient

**X** \_\_\_\_\_ Date (mm/dd/yyyy)  
Authorized Signature of Accepting Custodian