HSA TRANSFER FORM: INDIVIDUAL

Instructions

1. Complete this form and send it to Flex Administrators, Inc. to initiate a direct transfer of funds from your HSA with National Advisor's Trust (HSAToday).
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call Flex Administrators, Inc. at (616) 456-7908

Accountholder Information

Last Name | First Name | Middle Initial

Social Security Number | Date of Birth

Telephone Number | Email Address

Street Address

City | State | Zip Code

Transfer Instructions for Current Custodian/Trustee (current financial institution from which you are *transferring* HSA funds)

National Advisors Trust
Current Custodian/Trustee Name

Current Custodian/Trustee Contact Name/Phone Number

800 E 101st Terrace #300
Current Custodian/Trustee Address

Kansas City, MO 64131
Current Custodian/Trustee City, State and Zip Code

Current Custodian/Trustee HSA/MSA/IRA Account Number

Transfer from (choose one): [x] HSA [ ] MSA [ ] IRA

This transfer [x] will [ ] will not close the HSA/MSA/IRA.

Directly transfer [x] all or [ ] part $ _____ of my HSA/MSA/IRA in the following manner:

[x] Please make a check payable as follows: **Flex Administrators, Inc. FBO:** _____ **HSA**
Accountholder Name

Transfer checks should be sent **ATTN: HSA Department | Flex Administrators, Inc. | 77 Monroe Center, NW | Suite 1100 | Grand Rapids, MI 49503** with a copy of this form or other correspondence, including the accountholder's name and Social Security Number.

Signature of Accountholder

I authorize the transfer of the HSA assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring Custodian/Trustee and HealthcareBank. Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold HealthcareBank or Flex Administrators, Inc. liable for any adverse consequences that may result.

Signature of HSA Accountholder | Date

Accepting HSA Custodian

Health Care Bank agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred.

Michael S. Solberg
Authorized Signature of Accepting HSA Custodian