

Mail or Fax to:
Liberty Savings Bank
Attn: HSA Department
2323 Stickney Point Rd.
Sarasota, FL34231 Fax:
941.953.6006

HSA Transfer Form



Purpose: Use this form to transfer funds into your Health Savings Account at the custodian/trustee named above. Complete and return it to **Liberty Savings Bank** along with an HSA Application if you are a new client. You can use this form to transfer assets from another Health Savings Account, a Medical Savings Account (MSA) or an Individual Retirement Account (IRA) into this HSA.

Personal Information of HSA Owner

Name (HSA Owner) _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Account Number _____
(Numbers are 11 digits and begin with "999")

Transfer Request

A. Transfer Type (select one)

- Transfer from another HSA (TC208)
- Transfer from an MSA (TC209)
- Transfer from an IRA (only allowed once per lifetime – check rules) (TC210)

B. Current Holder of Assets

Current Custodian/Trustee _____
Current Custodian Address _____
Current Account Number _____

C. Instructions on Transfer (select one)

Immediately liquidate all assets and send the cash proceeds to:

Liberty Savings Bank
Attn: HSA Department
2323 Stickney Point Rd.
Sarasota, FL 34231

Other _____

HSA Owner Signature Statement:

I have an HSA, MSA or IRA at the above listed custodian, trustee or administrator and I certify that all the above information is correct. I understand the rules regarding transferring the funds and I agree to seek my own tax or legal advice, if I deem it necessary. I authorize and request that you, the present holder of my funds, transfer the assets to my HSA custodian/trustee named on the top left of this form.

HSA Owner's Signature _____ Date _____

The HSA custodian or trustee listed on the top left of this form agrees to accept the transfer described above and serve as the custodian or trustee for the HSA.

Receiving Custodian/Trustee's Signature _____ Date _____