



# HSA Rollover or Transfer Request

To expedite your HSA rollover or transfer, please work directly with the bank where your HSA funds are currently on deposit. Many banks require that you use their form, so please check with your current bank to be sure they will accept our form, before proceeding with this form.

HSA rollovers or transfers will be applied to the calendar year in which the funds are received. Due to processing time at other financial institutions please allow 4 - 6 weeks for the funds to arrive in your Optum Bank HSA. **In order to use this form, you must have an Optum Bank HSA. To open an account, visit us at [optumbank.com](http://optumbank.com).** Questions? Please call us at 1-800-243-5543 (Monday - Friday from 8:00 a.m. to 10:00 p.m. and Saturday - Sunday from 9:00 a.m. to 5:30 p.m. ET) if you have any questions while completing this form.

\*required Fields

040 HA HSA

## 1 Account Holder Information

Account holder name:\*

Optum Account # or SSN:\*

Address:\*

City, State, Zip:\*

Daytime phone #:\*

## 2 Rollover or Transfer Options (select one)

☐ I am depositing a check received from my previous HSA Administrator

**Next Step:** Sign section 4 of this form and mail the check and completed form to:

Optum Bank  
P.O. Box 60099  
Newark, NJ 07101

\_\_\_\_ By initialing here, I acknowledge that the IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed, and how the bank must report the transaction. I understand that if I need additional information, I will contact my tax advisor. By providing my initials, I am also certifying to the Bank that I have satisfied the rules and conditions applicable to my rollover and that I am making an irrevocable election to treat the transaction as a rollover. I also acknowledge that I have received a paper check from my current HSA Administrator and would like to rollover the funds to my HSA with Optum Bank.

☒ I would like to transfer my HSA currently being Administered by another bank

**Next Step:** Complete section 3 below and send this form to your current HSA Administrator

**Remember:** Check with your current Administrator to determine their process for transfers and account closures, and be sure to follow that process. They may not accept our form.

\_\_\_\_ **By initialing here,** I acknowledge that I currently have an HSA with a financial institution other than Optum Bank and I would like that financial institution to transfer all assets in my current HSA to my Optum Bank HSA and for my current Administrator to close my account (closing fees with the current Administrator may apply). I understand that I may need to liquidate HSA assets held in the investment portion of my account, with my current Administrator prior to submitting this form. I hereby authorize and direct the current Administrator of my HSA to liquidate investment funds on my behalf.

## 3 Current HSA Account and Administrator Information (complete this section if transferring your HSA from previous Administrator)

HSA Administrator Name:\*

Account #:\*

Name on HSA:\*

Administrator phone #:\*

Administrator Address:\*

Administrator City, State, Zip:\*

### Instructions to current Administrator:

Transfer all assets in my account to the Optum Bank HSA established in my name. I understand that you will contact me with respect to the disposition of any other assets in my account that are not transferable. By signing below, I authorize Administrator to deduct any outstanding fees due to the Administrator from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to the Administrator, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation.

**Please remit a check payable to Optum Bank** as custodian/administrator of the above mentioned account for the requested transfer amount **including account owner name, SSN and form, and mail to: Optum Bank, P.O. Box 60099, Newark, NJ 07101.** For additional questions or concerns about this matter, please contact us at 1-800-243-5543.

## 4 Authorization

I have read and understand the rules and conditions referenced herein in this form, including but not limited to, those applicable statutes and rules in connection with HSA fund transfers and rollovers and I have met the requirements for making a transaction. Due to the important tax consequences when moving funds in an HSA, I have been advised to seek the advice of a legal or tax professional. All information provided by me herein is true and correct and may be relied on by Optum Bank. I assume full responsibility for this transaction and acknowledge that Optum Bank is an HSA custodian with no fiduciary responsibilities and as such shall not be liable for any adverse consequences that may result from any transfer or rollover conducted pursuant hereto.

X

Authorized Signature (physical signature required)

Date