HSA Termination and Transfer Form

Fax to the number below or mail to:
Trust Administrators, Inc., P.O. Box 20710, Oakland, CA 94620 • www.trustadmin.com

1. Employer _____

2. Account Holder _____ Social Security Number _____

TERMINATION AND TRANSFERRING YOUR HSA:

I am terminating my HSA. Please send all funds in my account to (check one):

☐ **NEW HSA ACCOUNT PROVIDER** **Account Number:** _____

Name of "New" HSA Custodian or Trustee _____

Address _____

City _____ State _____ Zip code _____

☐ **SELF - ACCOUNT HOLDER**

Address _____

City _____ State _____ Zip code _____

3. Account Holder Authorization

Signature of Account Holder _____ **Date** _____

Account Holder acknowledges full responsibility for reporting any taxable income to the Internal Revenue Service resulting from the transfer of funds and for nonqualified or ineligible expenses reimbursed by TAI.

Routing: Original for Employer • Copies for TAI and Account Holder

800-932-3539 • Fax: 510-451-8611