

# HSA transfer of assets form

Ensure you have an active Forma HSA and account number. Blue Ridge Bank, N.A. provides custodial and other banking services for the Forma HSA program.

Complete sections 1 through 5 in their entirety, including the full account numbers of the HSA you are transferring to (Section 1) and the HSA you are transferring from (section 2).

Mail completed form to your current HSA custodian.

Retain a copy of this form and direct questions on the status of your transfer to your current HSA custodian.

## If your custodian is Alegeus, mail completed form to:

WealthCare Saver  
PO BOX 162177  
Altamonte Springs, FL 32716

## If you have a different custodian or are unsure:

Reach out to your internal HR/  
Benefits team for current HSA  
Custodian details

## Questions about this form?

844-902-2902  
M-F, 8 a.m. - 8 p.m. ET

### Transfer my HSA to this account

#### Section 1: HSA Account Information (Blue Ridge Bank, N.A. as Custodian)

Account number: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Employer name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Transfer my HSA from this account

#### Section 2: Current Custodian Information

Account number: \_\_\_\_\_

Bank name: \_\_\_\_\_

Telephone number (including area code): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Section 3:** Funding instructions (select one)☐ HSA

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of account holder Date

**Section 4:** Signature

I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by Forma or Blue Ridge Bank, N.A. as Custodian, or their respective affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this request to transfer assets from my existing account at the Current Custodian named above are my own. I acknowledge that I have met the requirements for making the above request and I assume full responsibility for this request to transfer assets and will not hold Forma or Blue Ridge Bank, N.A. as Custodian, or their respective affiliates, liable for any adverse consequences that may result.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of account holder Date

**Section 5:** Transfer instructions

☐ Entire account balance ☐ Specific dollar amount of transfer:  
☐ Close account \$ \_\_\_\_\_  
☐ Keep account open

**Section 6:** Instructions to Current Custodian/Transfer

Please liquidate the amount shown in Section 5 and make a Trustee to Trustee Transfer to the account information in Section 1

**Routing Number:** 051402372**Account Number:** See Section 1

If electronic transfer is not available, please remit a check payable to **Forma FBO[Account Holder Name] HSA**, including the account number in section 1 in the check memo. Checks should be mailed along with this form to:

**47000 Warm Springs Blvd, Ste 1-170, Fremont, CA 94539**

**Section 7:** Acceptance by Forma on behalf of Blue Ridge Bank, N.A. as Custodian

Blue Ridge Bank, N.A. accepts its appointment as Custodian of the above referenced account and has established an HSA for the Account Holder under Internal Revenue Code Section 223(a). As a Custodian, Blue Ridge Bank, N.A. cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.

Accepted by Forma, on behalf of Blue Ridge Bank, N.A.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized representative of Forma      Date