

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

