

HEALTH SAVINGS ACCOUNT TRANSFER REQUEST



HSA ACCOUNT OWNER'S NAME AND ADDRESS <small>(Transferring HSA)</small>		
<small>FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX (JR., II, ETC)</small>		
<small>STREET ADDRESS</small>		
<small>CITY, STATE, ZIP</small>		

CURRENT HSA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		

<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>HOME PHONE</small>

<small>HSA ACCOUNT IDENTIFICATION AND TYPE (Transferring HSA)</small>	<small>TRUSTEE'S OR CUSTODIAN'S PHONE NUMBER</small>

FORMER SPOUSE INFORMATION		
<small>Note: This section should be completed if the former spouse is receiving the HSA through a divorce settlement.</small>		
FORMER SPOUSE'S NAME AND ADDRESS		
<small>FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX (JR., II, ETC)</small>		
<small>STREET ADDRESS</small>		
<small>CITY, STATE, ZIP</small>		
<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF BIRTH</small>	<small>HOME PHONE</small>
LIQUIDATION INFORMATION		
<input type="checkbox"/> Liquidate Immediately <input type="checkbox"/> Liquidate at Maturity <input type="checkbox"/> Transfer in Kind		

TRANSFER INSTRUCTIONS			
Directly transfer <input type="checkbox"/> all or <input type="checkbox"/> part of the HSA identified above in the following manner. Please make a check payable as follows: Oklahoma State Bank as Custodian of the <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20%;"></td> <td style="border: 1px solid black; width: 60%;"></td> <td style="border: none;">HSA.</td> </tr> </table> First Middle Initial Last Name (HSA Account Owner's Name) This transfer <input type="checkbox"/> will <input type="checkbox"/> will not close the HSA.			HSA.
		HSA.	

FORMER SPOUSE INFORMATION					
Asset Description	Quantity In HSA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind

SIGNATURE OF HSA ACCOUNT OWNER OR FORMER SPOUSE
I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. <div style="display: flex; justify-content: space-between;"> (HSA Account Owner's or Former Spouse's Signature) (Date) </div>

ACCEPTING HSA TRUSTEE OR CUSTODIAN
For Bank Use Only Our organization agrees to serve as the new Trustee or Custodian for the amount of the above-named individual, and as Trustee or Custodian, we agree to accept the assets being transferred. Account Identification of Accepting HSA THOROUGHbred HEALTH BANK A Division of Oklahoma State Bank 120 WEST CANADIAN VINITA, OKLAHOMA 74301 <div style="display: flex; justify-content: space-between;"> (Signature of Bank Official) (Date) </div>