

# HSA Rollover or Transfer Request

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To expedite your HSA rollover or transfer, please work directly with the bank where your HSA funds are currently on deposit. You may use our form to authorize the rollover or transfer of HSA assets currently held by another Administrator, but we recommend you check with your current bank to be sure they will accept our form. Many banks require that you use their form. HSA rollovers or transfers will be applied to the calendar year in which the funds are received. We will process your request within 5 – 7 business days. Due to processing time at other financial institutions please allow 4 - 6 weeks for the funds to arrive. **In order to use this form, you must have an Optum Bank HSA. To open an account, visit us at [www.optumbank.com](http://www.optumbank.com).** Customer service professionals can be reached by calling 1-866-234-8913 (Monday - Friday from 8 a.m. to 8 p.m. Eastern time) if you have any questions while completing this form.

## 1 Your HSA with Optum Bank

Provide your HSA information below (fields with an \* are required):

\*Account Holder Name:

\*Account # (preferred) or SSN:

□	□	□	□	□	□	□	□	□	□
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\*Daytime Phone #:

Address:

City, State ZIP:



For rollovers by paper check, complete section 2a. For transfers from another Administrator to Optum Bank, skip section 2a and complete section 2b.

## 2a Paper check rollover

Initial below if you have a paper check in hand and want to rollover your HSA from another HSA Administrator to Optum Bank. Mail your check with your completed form to: **Optum Bank, P.O. Box 60099, Newark, NJ 07101.**

Acknowledgement for HSA Rollover:

\* 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 you have satisfied the rules and conditions applicable to your rollover and that you are 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.



Did you initial on the line above, complete Sections 1 and 2a above, and have your paper rollover check ready to mail with your form? If yes, skip to section 3 and sign your form. If no, please initial on the line above before proceeding to section 3.

## 2b Transfer my HSA to Optum Bank

Complete this section if your HSA funds are currently being administered by another HSA provider and you need them to transfer your HSA to Optum Bank (fields with an \* are required). Mail or fax your completed form to: **Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127 or 1-866-314-9795.**



**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.

If your provider will accept our form, complete the information below and **return your form to your current Administrator** for processing. The name on the HSA being transferred must match the name on the HSA with Optum Bank.

Provide the information for HSA being transferred:

\*Name on HSA:

\*Account # at Administrator:

\*HSA Administrator Name:

\*Administrator Phone #:

Section 2b Continued Next Column >>>

\*Administrator Address:

\*Administrator City, State ZIP:

Acknowledgement for HSA Transfer to Optum Bank:

\* 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 at 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. If I have not completed this process prior to Optum Bank's receipt of this form, I hereby authorize and direct the current Administrator of my HSA to liquidate investment funds on my behalf.



Did you initial above to initiate a transfer of your HSA funds and complete Sections 1 and 2b? If yes, move to section 3 and sign your form. If no, please complete this information before proceeding to section 3.

## 3 Signature and Agreement of Terms

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

Account Holder Signature

Date

**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 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 Administrator, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation.

**Accepting HSA Custodian:** Optum Bank, Inc. has received a request from the above named individual to accept a rollover of those certain HSA funds held at or by you. Please be advised that without verifying the validity or timing of whether or not such a rollover is permitted under applicable law, Optum Bank, Inc. is a Utah chartered FDIC-insured financial institution that automatically qualifies as a qualified HSA custodian under Internal Revenue Code 408(n) and as such, may accept all HSA and other rollover amounts. Please remit a check payable to Optum Bank as Custodian 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 Optum, Inc. at 1-866-234-8913.

**Authorized Signature of New Trustee or Custodian:**

*S. Lund*

### Where to return your form?

**Return this form to your current HSA Administrator unless you are working with Optum Bank.**

If you completed **Section 2a** of this form, mail your check and form to:  
**Optum Bank, P.O. Box 60099, Newark, NJ 07101**

If you completed **Section 2b** of this form, mail or fax your form to:  
**Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127**  
**or 1-866-314-9795**

Thank you for allowing us to serve you.