

Instructions: Use this form to transfer your current HSA funds. Complete and return this form to us by email at HSA@avidiahealthcaresolutions.com or by mail at Avidia Bank, P.O. Box 161390, Altamonte Springs, FL 32714. Once this completed form is signed and returned to Avidia Bank, we will initiate the Trustee to Trustee Transfer on your behalf. Depending upon the previous Custodian/Trustee Bank's processing time, it may take 4-6 weeks before your funds are sent to Avidia Bank.

**Account Holder's Personal Information:**

First Name		MI		Last Name	
Street Address					Apt #
City			State		Zip
Social Security #	-	-	Daytime Phone #		
Email Address					
Avidia Bank Account #					

**Request Type:**

Trustee to Trustee Transfer: I currently have HSA funds with another Trustee/Custodian and want to transfer the funds directly to my HSA account at Avidia Bank.

**Transfer Information:**

Current Custodian Bank Name:					Current HSA Account #:
Street Address					
City		State		Zip	
Phone #			Fax #		

**Transfer Instructions:**

Transfer the entire balance of the current HSA listed above to Avidia Bank and CLOSE my account and liquidate investments, if applicable.

Please Transfer \$\_\_\_\_\_ of the current HSA listed above to Avidia Bank and **DO NOT CLOSE** my account.

**Make Check Payable** to: Avidia Bank as Custodian for: \_\_\_\_\_  
Account Owner's first and last name

**Current Custodian:**

Mail the Transfer Check to Avidia Bank; P.O. Box 981012, Boston, MA 02298-1012

**Account Holders Authorization:**

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 Custodian. I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Custodian shall in no way be held responsible.

X \_\_\_\_\_  
Account Owner Signature Date

**Accepting HSA Custodian:**

Avidia Bank agrees to serve as the new Custodian for the account of the individual who is authorizing the transfer. As the newly designated Custodian, we agree to accept the aforementioned assets transferred. Please remit a check payable to Avidia Bank as Custodian of the HSA Account Number listed above for the amount listed in the Transfer Instructions

X Mary Newton  
Authorized Signature of New Custodian Date