The HSA Authority™
TOWERbank

HSA Transfer (HSA to HSA) Request

Fax: 260.427.7185

Mailing Address: The HSA Authority, Attn: Processing Center, P.O. Box 11454, Fort Wayne, Indiana 46858

Instructions:
1. Open your new Health Savings Account with Tower Bank.
2. Fill out this form and sign at the bottom.
3. Send form to Tower Bank for processing.

A ACCOUNT HOLDER

Name (First) (Middle) (Last)			Social Security #
Street Address	City	State	Zip Code
Date of Birth (MM-DD-YEAR)	Home Phone (Area Code First)	Business Phone (Area Code First)	

B TRANSFER REQUEST

I authorize and direct you, the Custodian/Trustee, to send as a transfer of assets indicated in Section C below to Tower Bank at the address listed. (Attach a copy of the most recent statement of the account you are transferring.)

Present Custodian/Trustee's Name	Account #	Phone (Area Code First)	
Street Address	City	State	Zip Code

C PAYMENT INFORMATION

Tower Health Savings Account Number:

Payment Schedule:

- ☐ Immediately liquidate all assets and send cash proceeds
- ☐ Liquidate assets in the amount of $ _____

Payment Method:

Please make check payable to: Tower Bank HSA Custodian for benefit of _____

Please send check to: The HSA Authority, Attn: Processing Center, P.O. Box 11454, Fort Wayne, IN 46858

SIGNATURES

I certify that I have or will establish a Tower Bank Health Savings Account. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers and I agree to indemnify and to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian cannot provide tax advice and I agree to consult with my own tax professional for advice.

_____
Signature of HSA Owner Date

Tower Bank as Custodian agrees to accept these funds as a transfer.

_____
Signature of HSA Custodian Date