

HSA TRANSFER (HSA TO HSA) REQUEST

Phone: 260.427.7007

Fax: 260.427.7185

Web site: towerbank.net

Toll-free: 1.888.HSA.TOWR

Mailing Address: Tower Bank, HSA Processing, 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.

ACCOUNT HOLDER

A	Name (first) (middle) (last)			Social Security #	
	Street Address		City	State	Zip Code
	Date of Birth (xx-xx-xxxx format)		Home Phone		Business Phone

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.)

B	Present Custodian/Trustee's Name		Account #		Phone	
	Street Address		City	State	Zip Code	

PAYMENT INFORMATION

C	Tower Health Savings Account Number:	
	Payment Schedule: <input type="checkbox"/> Immediately liquidate all assets and send cash proceeds <input type="checkbox"/> Liquidate assets in the amount of \$ _____	
	Payment Method: Please make check payable to: Tower Bank HSA Custodian for benefit of _____ Please send check to: Tower Bank, HSA Processing, 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