



Request for Transfer to a Health Savings Account (HSA)

HSA OWNER INFORMATION

First Name MI Last Name SSN/TIN

Street Address City State ZIP

Daytime Phone Date of Birth

TYPE OF TRANSFER

- HSA to HSA** (I currently have HSA funds with another trustee or custodian and want all funds in my HSA, including any investment funds, transferred to my HSA at KH Credit Union. I understand that transfers to KH Credit Union must be in cash equivalents.)
- Archer Medical Savings Account (MSA) to HSA** (I currently have MSA funds with another trustee or custodian and want all funds in my MSA, including any investment funds, transferred to my HSA at KH Credit Union.)
- IRA to HSA; Amount of Requested Distribution: \$ _____** (I am allowed a one-time, qualified HSA funding distribution from an IRA to an HSA. I understand this amount will be reported as a regular HSA contribution and will apply towards the maximum HSA contribution limits required by the IRS.)

TRANSFEROR CUSTODIAN/TRUSTEE REQUEST

Name of Transferor Custodian/Institution

Address City State ZIP

Phone Number Current Account Number

TRANSFER INSTRUCTIONS

Complete my transfer as directed.

1. Make check payable to KH Credit Union as HSA Custodian for

2. Close out my HSA: Yes No

3. Mail check directly to: KH Credit Union
ATTN: HSA Processing
7740 Paragon Road
Dayton, OH 45459

New HSA Account Number:

KH Credit Union Routing Number: 242278616

SIGNATURES

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my HSA/Archer MSA assets, or in the case of an IRA transfer, the amount requested above, to KH Credit Union, as set forth in this form. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. KH Credit Union shall accept the transferred funds as a transfer to the HSA of the Account Owner.

X _____
Signature of Account Owner Date

X _____
Signature of Transferee Custodian/Trustee Date