

INDIVIDUAL ACCOUNT TRANSFER

HSA

INSTRUCTIONS

1. Complete this form and send it to your original HSA provider to initiate a direct transfer of funds from your original HSA account to your new Paylocity HSA account.
2. Keep a copy of this form for your records.
3. If you have any questions regarding HSA transfers, please call Paylocity toll free: (800) 631-353 9 or BATHSAoperations@paylocity.com.

Accountholder Information

Last Name:		First Name:		Middle Initial:	
Social Security #:		Phone #:		Birth Date:	
Street Address:					
City:		State:		ZIP Code:	
Email:					

Transfer Instructions for Current Custodian/Trustee (Current financial institution from which you are transferring HSA funds)

Institution Name		Institution Contact Name	
Contact Phone #		Contact Email	
Institution Street Address			
City		State	
		Zip	
Institution HSA/MSA/IRA Account #			
Transfer from (choose one):	<input type="checkbox"/> HSA	<input type="checkbox"/> MSA	<input type="checkbox"/> IRA
This transfer	<input type="checkbox"/> will	<input type="checkbox"/> will not close the HSA/MSA/IRA.	
Directly transfer	<input type="checkbox"/> all or	<input type="checkbox"/> part \$ _____ of my original account in the following manner by making a check payable to:	
	Paylocity:	_____ HSA	
		<small>(Accountholder Name)</small>	

BANK INSTRUCTIONS

Transfer checks should be sent to Benefit Administration Technologies Inc. PO Box 7410399 Chicago, IL 60674-0399 along with a copy of this form.

Signature of Accountholder

I authorize the transfer of the HSA assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring Custodian/Trustee and HealthcareBank. Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold HealthcareBank or Paylocity liable for any adverse consequences that may result.

Signature of HSA Accountholder: _____ Date: _____

Accepting HSA Custodian

I hereby revoke the appointment of the above named Power of Attorney and have notified them of this change. I understand that HSA Administrator and Healthcare Bank may charge the account for the amount of any check or pre-authorized transactions dated on or before this date if they have been authorized by my attorney-in-fact.

Michael S. Solberg

Authorized Signature of Accepting HSA Custodian