



Health Savings Account
Transfer Request Form

Instructions: Complete all fields below. Mail your Transfer Form to: Avidia Bank, PO Box 370, Hudson MA 01749 or FAX to 978-562-4537. For Assistance call 855-472-9399

Account Holder Information

First Name _____ Last Name _____ MI _____
Street Address _____ City _____ State _____ Zip Code _____
Address Line 2 _____
Social Security Number _____ Daytime Phone _____ E-Mail Address _____
Avidia Bank HSA Account Number _____

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 Number _____
Street Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____

Transfer Instructions

Transfer the entire balance of the Current HSA listed above to Avidia Bank and CLOSE my account & 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 & Last Name

Return the Transfer Check to Avidia Bank, PO Box 370, Hudson MA 01749

Customer Instructions

Mail this form Avidia Bank, PO Box 370, Hudson MA 01749 or FAX to 978-562-4537. Upon receipt 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. If you have not received your funds and would like Avidia Bank to follow up on your behalf, please contact us at 855-472-9399 or by e-mail at HSA@avidiabank.com.

Account Holder's 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.

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 within the Transfer Instructions

Mary Newton

Account Owner Signature

Date

Authorized Signature of New Custodian

Date