



##37PNC#####

Transfer of Assets

Ensure you have an active WealthCare Saver* HSA and account number (starting with 601) through Cigna .

Complete sections 1 through 5 in their entirety, including the full account numbers of the HSA you are transferring to (Section 1) and the HSA you are transferring from (section 2).

Mail completed form to your previous HSA custodian.

Retain a copy of this form and direct questions on the status of your transfer to your previous HSA custodian.

Note: Please complete this form to transfer assets from an existing HSA, MSA, or IRA custodian to your new HSA with WealthCare Saver. Some custodians may require you to submit their forms in addition to this form. Please check with your previous custodian to ensure the necessary documentation is completed.

Only use this form if the assets will be transferred directly from your existing HSA, MSA, or IRA custodian.

Please complete a separate form for each account to be transferred. You may wish to review IRS publication 969 found at www.irs.gov/pub/irs-pdf/p969.pdf.

It may take up to 10 days for the completion of the transfer of assets (from the time this form is received).



Mail completed form to your previous HSA Custodian for processing



Questions about this form?
Contact the number on the back of your debit card

Transfer my HSA TO Cigna

Section 1: HSA Account Information (WealthCare Saver as Custodian)

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Complete Next Page >

Transfer my HSA FROM this account

Section 2: Current Custodian Information

ACCOUNT NUMBER

BANK NAME

TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE)

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 3: Funding Instructions (select one)

Select type of transfer:

HSA
(Transaction Code 208)

MSA
(Transaction Code 209)

IRA*
(Transaction Code 210)

SIGNATURE OF ACCOUNT HOLDER

DATE / /

Section 4: Signature

I certify that I am the HSA account holder and legally authorized to receive payment(s) from this HSA account and that all information provided by me is true and correct. I further certify that no tax advice has been given to me by WealthCare Saver as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this request to transfer assets from my existing account at the Previous Custodian named above are my own. I acknowledge that I have met the requirements for making the above request and I assume full responsibility for this request to transfer assets and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

SIGNATURE OF ACCOUNT HOLDER

DATE / /

Section 5: Transfer Instructions

Entire account balance

Specific dollar amount of transfer:

\$ _____

Close Account

Keep Account Open

Section 6: Transfer Instructions for Previous Custodian

Please liquidate the amount shown in Section 5 and make check payable to WealthCare Saver FBO (Account Holder Name) HSA. Checks should be mailed along with this form to:


**Standard Mailing Address:
WealthCare Saver #010163
BIN 88163
Milwaukee, WI 53288-0163**

**Overnight Mailing Address:
WealthCare Saver #010163
4900 W. Brown Deer Road
Milwaukee, WI 53223**

Section 7: Acceptance by WealthCare Saver as Custodian

WealthCare Saver accepts its appointment as Custodian of the above referenced account and has established an HSA for the Account Holder under Internal Revenue Code Section 223(a). WealthCare Saver, as a Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.

Accepted by WealthCare Saver



AUTHORIZED REPRESENTATIVE OF WEALTHCARE SAVER

_____/_____/_____
DATE