

HSA DIRECT TRANSFER INSTRUCTION (FORM 2625H)



Instructions: Please complete and mail this form to: EECU, P.O. Box 1777, Fort Worth, TX 76101-9947

Please Print or Type

TO: Name of Other HSA Provider (not EECU) Account Number of Other HSA
Current HSA, MSA, or IRA Fiduciary Account Number at Current Institution

Address of Other HSA Provider City State Zip Code
Mailing Address of Current HSA, MSA, or IRA Fiduciary

Please liquidate and transfer the amount indicated below from the Health Savings Account (HSA), Archer Medical Savings Account (MSA), or traditional IRA you are maintaining on my behalf to the HSA I have established at my financial organization (named in the Identifying Information section of this form). **Make the check payable as follows: Name of Financial Organization, F/B/O HSA Owner's Name.** Note on the check that it is for deposit to account number EECU HSA Acct. # at the financial organization. Attach the check to a copy of this form and send it to the financial organization at the address provided below. My financial organization can only accept a check to implement this transfer, so please don't send it in any other form.

Type of Transfer

- HSA to HSA
- Archer MSA to HSA
- Traditional IRA to HSA

Listed on Welcome Letter

IDENTIFYING INFORMATION

<u>Employee Name</u> Account Owner's Name (First, Initial, Last)	<u>EECU</u> Financial Organization Name
<u>123-45-6780 - example only</u> Social Security Number	<u>1617 W. Seventh St.</u> Financial Organization Mailing Address
<u>Leave Blank</u> CID# (Organization will complete.)	<u>Fort Worth TX 76102</u> City, State, ZIP
	<u>(817) 882-0046</u> Phone Number
	<u>Barbara Douglas</u> Contact Person at Financial Organization

AMOUNT AND TIMING OF TRANSFER

Liquidate the current investment and transfer the proceeds as follows. **Check one box in each column.**

Amount to transfer:

- 1. \$ _____
- 2. The entire amount in my account and close my account.

Choose

Make this transfer:

- 1. On _____ Date (MM/DD/YYYY)
- 2. Immediately.
- 3. At maturity of the investment.

FINANCIAL ORGANIZATION'S SIGNATURE

The financial organization named above agrees to act as successor trustee or custodian and accept the transfer described above for deposit to the HSA established on behalf of the owner named above.

X EECU will sign here EECU
Organization Representative's Signature Date (MM/DD/YYYY)

ACCOUNT OWNER'S SIGNATURE

I have established an HSA with the financial organization named above. I authorize the current fiduciary of my HSA, MSA, or traditional IRA to liquidate the above described portion of my interest in the plan and send the proceeds to my financial organization as directed on this form. (The HSA owner should check with the fiduciary that currently has the funds to determine whether a signature guarantee is required.)

X Employee signs here Employee dates here
Account Owner's Signature Date (MM/DD/YYYY)