

Instructions: Use this form to transfer your current HSA funds. Complete and return this form to us by email at HSA@avidiahealthcaresolutions.com or by mail at Avidia Bank, P.O. Box 161390, Altamonte Springs, FL 32714. Once this completed form is signed and returned to Avidia Bank, 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.

Account Ho	older's Personal Information:							
First Name		M	11		Last Name			
Street Address							Apt #	
City				State			Zip	
Social Security #			Daytim Phone					
Email Address								
Avidia Bank Account #								
Request Ty	pe:							
	o Trustee Transfer: I currently have HSA at Avidia Bank.	A funds with an	other Tr	ustee/Cu	stodian and wa	ant to transfer the fu	unds directl	y to my HSA
Transfer Inf	formation:							
Current Custodian Bank Name:					Current HS	Current HSA Account #:		
Street Address								
City			State	е		Zip		
Phone #			Fax	#				
Transfer Ins	structions:							
Transfer t	he entire balance of the current HSA lis	ted above to A	vidia Ba	nk and C	LOSE my acco	unt and liquidate inv	estments, i	f applicable.
Please Tr			d above	to Avidia	Bank and DO	NOT CLOSE my ac	count.	
Make Check Payable to: Avidia Bank as Custodian for:								
Current Cu	stodian:							
Mail the Tran	sfer Check to Avidia Bank; P.O. Bo	эх 981012, Вс	oston, N	MA 0229	98-1012			
Account Ho	olders Authorization:			Acce	oting HSA (Custodian:		
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.				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 in the Transfer Instructions				
XAccount Owr	nor Signaturo	Date		X_N	rized Signatu	re of New Custod	lian	
Account OW	ner signature	Date		Autrio	nzeu signatu	ie oi ivew Custoo	ııdli	Date



