

**HSA DIRECT TRANSFER
INSTRUCTIONS (FORM 2625H)**



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

Please Print or Type

TO: _____
Current HSA, MSA, or IRA Fiduciary Account Number at Current Institution

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 _____ 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

IDENTIFYING INFORMATION

Account Owner's Name (First, Initial, Last)	EECU Financial Organization Name
Social Security Number	P.O. Box 1777 Financial Organization Mailing Address
HSA Suffix	Fort Worth TX 76101 City, State, ZIP
30256	(817) 882-0800 Phone Number
CID# (Organization will complete.)	Andrea Allbright 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.

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 _____
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 _____
Account Owner's Signature Date (MM/DD/YYYY)