

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

**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 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  
 IRA to HSA

**IDENTIFYING INFORMATION**

Account Owner's Name (First, Initial, Last) _____  Social Security Number _____ HSA Suffix _____  CID# (Organization will complete.) _____	Consumers Credit Union Financial Organization Name  1501 East Woodfield Road, Suite 400W Financial Organization Mailing Address  Schaumburg, IL 60173 City, State, ZIP  (847) 576-5199 Phone Number  Deposit Operations Contact Person at Financial Organization
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**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 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)