

**Gateway Bank, F.S.B.
Health Savings Account Transfer Form**

Please complete and mail to: Benefit Administrators, 1009 Oak Hill Rd. 3rd Floor, Lafayette, CA 94549

I. Accountholder Information:

Last Name First name Middle Initial

Street Address Apartment Number

City State Zip

II. Current MSA/HSA Being Transferred:

Account Number Social Security Number

Name of Custodian

Street Address Suite Number

City State Zip

Business Phone Number

III. Instructions to Current MSA/HSA Custodian:

I authorize the transfer of my MSA/HSA account identified in section II of this form to Gateway Bank, F.S.B., custodian for my HSA in the following manner:

Liquidate all assets and transfer proceeds

Liquidate part of my assets and transfer proceeds. Amount to be transferred \$ _____

Please make check payable to Gateway Bank as custodian for: _____

IV. Please read and sign

I understand that I may incur early withdrawal penalties, fees and or taxes on withdrawals from my current MSA/HSA. The transfer of my assets to Gateway Bank, F.S.B. may take several weeks to complete and the cash proceeds from my current MSA/HSA may be greater or less than the value of this date, if they are presently invested in mutual funds or stocks. I may take a free rollover of all or part of the assets I receive to my Gateway Bank, F.S.B. MSA/HSA provided that I complete the rollover within 60 days of the date I receive the distribution. I may make only one rollover during any 12-month period. I certify that all information on the form is correct.

Customer signature

Date

Authorized signature for Gateway Bank, F.S.B. administered by Benefit Administrators.