



Chard Snyder HSA Transfer Request

Use this form to request a transfer of funds INTO your Chard Snyder Health Savings Account.

ACCOUNT HOLDER INFORMATION (PLEASE PRINT)		
First Name	Middle Initial	Last Name
SSN	Date of Birth	Phone
Street Address (Check if New Address <input type="checkbox"/>)		Email
City	State	Zip

TRANSFER INSTRUCTIONS	
Current Custodian/Trustee from which you are transferring your HSA funds.	
Current Custodian/ Trustee Name	Phone Number
Address, City, State, Zip <i>Current Custodian/Trustee</i>	
Account Number	Transfer From <input type="checkbox"/> HSA <input type="checkbox"/> MSA <input type="checkbox"/> IRA <input type="checkbox"/> Close Account
Check One <input type="checkbox"/> Full Transfer OR <input type="checkbox"/> Partial Transfer Amount to be transferred \$	
Please make a check payable to Chard Snyder FBO: HSA (Account Holder Name)	
Transfer checks should be sent to Chard Snyder, PO Box 2924, Fargo, ND 58108-2924 / Attn: HSA Department Along with a copy of this form or other correspondence, including the account holder's name and Social Security Number.	

SIGNATURE OF ACCOUNT HOLDER	
I authorize the transfer of the assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring custodian/trustee and WEX Inc. Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold WEX Inc. liable for any adverse consequences that may result.	
Signature of HSA Account Holder	Date

ACCEPTING HSA CUSTODIAN	
WEX Inc. agrees to serve as the custodian for the HSA of the above-named individual, and as custodian, we agree to accept the funds being transferred.	Authorized Signature of Accepting HSA Custodian <i>Michael S. Solberg</i>

Chard Snyder HSA

Transfer Form Instructions

1. **Complete all sections** on the front page (please print/type).
2. **Return the completed form** to your current custodian to initiate the transfer of funds to your new Chard Snyder HSA.
3. **Keep a copy** of this form for you records.
4. **If you have questions** please contact us:

- ☒ **Call Customer Service:** 513.459.9997 / 800.982.7715
- ☒ **Visit our website:** www.chard-snyder.com
- ☒ **Email your questions:** AskPenny@chard-snyder.com