



Instructions

- 1. Complete this form and send it to your current HSA Custodian to initiate a direct transfer of funds from your HSA.
2. Keep a copy of the completed Vita Flex HSA Transfer Form for your records.
3. If you have any questions regarding the HSA transfer process, please contact the Vita Flex Service Center at 650-966-1492.

Vita Flex Account Information

Form with fields: Last Name, First Name, Middle Initial, Social Security Number, Date of Birth, Phone Number, Email Address, Street Address, City, State, ZIP Code.

HSA Custodian/Trustee to Transfer Funds

Form with fields: Institution Name, Account Number.

Transfer Instructions

Form with fields: Institution Name, Institution Phone Number, Institution Street Address, Institution City, State, ZIP Code, Account Number, Transfer from (choose one), Directly transfer, and a highlighted instruction: Transfer checks should be sent to Vita Flex at 900 North Shoreline Blvd, Mountain View, CA 94043.

Signature of Accountholder

I authorize the transfer of the HSA 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 HealthcareBank.

Form with fields: Date, HSA Accountholder Signature.

Accepting HSA Custodian

HealthcareBank agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred.

Michael S. Solberg
Authorized Signature of HealthcareBank