



Request for Transfer to a Health Savings Account (HSA)

HSA OWNER INFORMATION

Name, Social Security Number (SSN), Address, City, State, Zip, Date of Birth, Daytime Phone Number, Email Address (optional)

TYPE OF TRANSFER Select One:

[] HSA to HSA [] Archer Medical Savings Account (MSA) to an HSA

TRANSFER CUSTODIAN/TRUSTEE REQUEST

My HSA/Archer MSA custodian/trustee should transfer the assets identified in the Transfer Instructions section.

Transferor Address, City, State, Zip, Transferor Phone Number, Current HSA/Archer MSA Account Number

TRANSFER INSTRUCTIONS

Complete my transfer as directed. Note: Penalties and market fluctuation may affect the distribution amount.

- 1. Make check payable to First Horizon for the benefit of
2. Mail check directly to: First Horizon Msaver, PO Box 26106, Shawnee Mission, KS 66225

SIGNATURES

I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my HSA/Archer MSA assets as set forth in this form. I understand I should seek the guidance of a tax or legal professional with regard to this decision. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision. The transferee custodian/trustee agrees to accept these funds as a transfer.

X Signature of HSA/Archer MSA Owner Date X First Horizon Msaver representative signature Date

If you have any questions in the completion of this form please call, 1-866-889-8583.