



##37PNC#####

Internal Transfer Form

Please complete this form to consolidate your WealthCare Saver* Health Savings Accounts (HSAs). Please note: in order to consolidate your accounts, all funds must be in your deposit account balance. If a portfolio balance remains on the account you wish to transfer from and close, we will be unable to honor your request; you must initiate a liquidation of investments for completion.



Email completed form to:
hsa@wealthcaresaver.com



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
Contact the number on the
back of your debit card

Section 1: Account Holder's Personal Information

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ EMPLOYER NAME	_____ SOCIAL SECURITY NUMBER	
_____ EMAIL ADDRESS		_____ TELEPHONE NUMBER
_____ STREET ADDRESS		
_____ CITY	_____ STATE	_____ ZIP CODE

Section 2: Transfer Instructions: Upon completion of transfer, the \$0 balance account will be closed.

Close and Transfer Funds From (TC89)

ACCOUNT NUMBER (12 digits beginning with 601)

Transfer to (TC88)

ACCOUNT NUMBER (12 digits beginning with 601)

Section 3: Signature

I hereby authorize WealthCare Saver* to close my current HSA and transfer the remaining account balance into my newly designated HSA with WealthCare Saver. I understand that any debit cards associated with the account I am closing will no longer be valid and that I am responsible for destroying these items.

LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED) DATE / / _____

*Alegus Technologies, LLC, d/b/a WealthCare Saver, is licensed with the IRS as a Non-Bank Custodian