



127 South Main St, Cambridge—www.cambridgestatebank.com— 763.689.2500—Member FDIC

Health Savings Account REQUEST FOR TRANSFER

HSA OWNER ACCOUNT NAME & ADDRESS SECTION HSA ACCOUNT #
NAME: SOCIAL SECURITY #
ADDRESS: DATE OF BIRTH:
CITY/STATE/ZIP: DAYTIME TELEPHONE:

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 Cambridge State Bank for the Benefit of
2. Mail check directly to: Cambridge State Bank, Attn: HSA Specialist, 127 South Main Street, Cambridge, MN 55008

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
Custodian Signature Date