



Health Savings Account Transfer Request Form

Instructions: Use this form to request all or a portion of assets be transferred from another Health Savings Account (HSA) into your Benepass HSA. Please ensure that your Benepass HSA account is open before requesting the transfer, as you will need your account number to complete the transfer.

Complete this form by entering the required customer information in Sections 1-5 below. **Send the completed form to the HSA Trustee/Custodian that currently holds your HSA funds. They will initiate the transfer of your funds to your Benepass HSA.**

Please allow 4-6 weeks for the funds to arrive in your Benepass HSA, depending on the transferring Trustee/Custodian's processing time.

Section 1 - Account Holder Information

First Name	Last Name	M.I.	DOB (MM / DD / YYYY)
Home Address - Street	City	State	Zip
Email Address	Phone Number	Social Security Number (Full 9 Digits)	

Section 2 - Current Custodian Information

This request is for a custodian-to-custodian transfer. I want to transfer funds currently held by another custodian to a Benepass HSA held with Pacific West Bank, Member FDIC.

Current HSA Custodian / Financial Institution	Current HSA Account Number
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Section 3 - Benepass Account Information

Benepass HSA Routing Number	Benepass HSA Account Number
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Section 4 - Transfer Instructions

- Liquidate and transfer all my account assets. Close my existing account after the transfer.
- Transfer a partial balance. Please transfer \$ _____ to Benepass. Do not close my existing account.



Section 5 - Signature

I authorize the transfer of assets in the manner described above and certify that all the information provided by me on this form is true and complete. This transfer request may close my existing account defined in the Amount to Transfer section. I authorize Benepass to open a Health Savings Account held at Pacific West Bank, Member FDIC, on my behalf using information I have provided to my employer. I certify that I am the account holder of both the receiving and transferring HSA. I understand that in compliance with the USA Patriot Act, Benepass must verify the identity of all individuals who seek to open an HSA. I understand that as part of this identity verification process, I may be asked to provide additional information and/or documentation before my account can be established.

Account Holder Signature

Date

Section 6 - Current Custodian Instructions

Please liquidate the amount shown in section 4.

Initiate a trustee-to-trustee transfer to the account information in Section 3.

If electronic transfer is not possible, please remit a check:

- payable to **Pacific West Bank for the benefit of [Account Holder Name]**
- **Include the account number from Section 3 in the check memo**, or SSN if account number is not available.

Please mail the check, along with a copy of this form, to:

Pacific West Bank, Attn: Benepass
2040 8th Avenue, West Linn, OR 97068

Checks mailed without identifying information will be returned to sender.

Benepass agrees to serve as the custodian for the HSA of the above named individual. As custodian, Benepass agrees to accept the transferred funds, which should clearly identify the individual whose HSA is to be credited.

Authorized Signature of Accepting HSA Custodian

Jaclyn Chen

Date

August 1, 2024