



HSA Internal Transfer Request Form

Use this form to request the closure and transfer of your Optum Bank® health savings account (HSA) to another HSA under your name at Optum Bank. Investment funds (if applicable) will be liquidated prior to account closure and you hereby authorize and direct us to liquidate investment funds on your behalf.

036A ALL HSA

1 Account Holder Information – Required

Account Holder Name: _____

Last 4 of SSN: _____

Employer Name: _____

2 Account Information – Required

Please close my Optum Bank HSA number : _____

Transfer the funds to my Optum Bank HSA number: _____

3 Account Holder Authorization

I authorize Optum Bank to close my account and transfer my funds to the account as listed above.

x

Account Holder Signature

Date

Thank you for allowing us to serve you.

Where to return your form?

By Mail: Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127

By Fax: 1-866-314-9795

***Investments are not FDIC-Insured, are not guaranteed by Optum Bank and may lose value.**