



HSA Internal Transfer Request Form

Use this form to request the consolidation of two Optum Bank® health savings accounts (HSA) into one. The account that is currently not in use will be closed after all funds have been transferred to the actively managed Optum Bank HSA. Any funds that were previously invested in mutual funds may need to be liquidated and the proceeds will be available for use in the active account. You hereby authorize and direct us to liquidate investment funds on your behalf (if applicable).

036A CO HA MCDH 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

Where to return your form?

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

By fax: 1-866-314-9795

By email: HSAforms@optum.com

Note: Forms without a signature will not be processed

Investments are not FDIC insured, are not guaranteed by Optum Bank®, and may lose value.