



How To *Transfer* Your HSA

Step 1: Getting Started

START HERE: <https://www.cinfed.com/works-cps>

NOW, GO HERE:



Already Have An HSA? How To Transfer

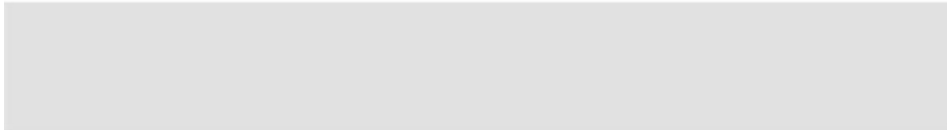
If you have an HSA account with another financial institution, it's easy to transfer the balance to your new Cinfed account. First, open your Cinfed account and have the account number on hand. Then click the button below and complete the online transfer form.

[TRANSFER FORM](#)

Step 2: Read Consumer Disclosure

Cinfed HSA Transfer Request Form

Please review and complete this agreement.



To continue, you must click and review the link to the consumer disclosure below.

I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

I agree to the [Consumer Disclosure](#).

Accept



Close

Adobe

Consumer Disclosure

[English](#) | [日本語](#) | [Deutsch](#) | [Français](#) | [Italiano](#) | [Español](#) | [简体中文](#) | [繁體中文](#)

Consumer Disclosure Regarding Conducting Business Electronically, Receiving

 **Tip:** You must click on the consumer disclosure pop out prior to checking and moving forward.

Step 3: Fill Out Your Application!

Part 1. Recipient:

This is **you** – the individual requesting the transfer.

Part 2. HSA trustee or custodian:

Filled out by Cinfed – *no action needed from you.*

Part 3. Current account owner:

This is also **you**, since you currently own the HSA being transferred *from*.

Part 4. Current account trustee or custodian:

This is the financial institution where your current HSA is held – the one sending the funds.

HSA TRANSFER REQUEST

PART 1. RECIPIENT

Individual requesting the transfer

Name (First/MI/Last) *
Date of Birth * Phone *
Email Address
Account Number Suffix

RELATIONSHIP TO CURRENT OWNER (Select one)

- I am the current account owner.
 I am the former spouse of the current account owner.

PART 3. CURRENT ACCOUNT OWNER

Name (First/MI/Last) *
Social Security Number *
Account Number Suffix

CURRENT ACCOUNT TYPE (Select one) HSA Archer MSA

PART 2. ACCEPTING HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian receiving the assets

Name Cinfed Credit Union
Address Line 1 4801 Kennedy Ave
Address Line 2
City/State/ZIP Cincinnati, OH 45209
Phone (513) 333-3806 Organization Number 13027
Contact Name Membership

PART 4. CURRENT ACCOUNT TRUSTEE OR CUSTODIAN

Name *
Address Line 1 *
Address Line 2 *
City/State/ZIP *
Phone *

Step 3: Continued

PART 5. TRANSFER INSTRUCTIONS

TRANSFER OPTIONS *(Select one)*

One-Time Transfer

Transfer Amount Transfer Date

Entire Account Balance This Transfer Will Close the Current Account

Recurring Transfer

Transfer Amount Transfer Start Date

Frequency *(Select one)* Monthly Quarterly Semi-Annually Annually Other

MAKE PAYABLE TO

as Trustee or Custodian of HSA
Name of Accepting HSA Trustee or Custodian Name of Recipient

ASSET HANDLING *(Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)*

Asset Description	Amount to be Transferred	Special Instructions
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being transferred.

X [Click here to sign](#)

Signature of Recipient

Date (mm/dd/yyyy)

X

Notary Public/Signature Guarantee *(If required by the trustee or custodian)*

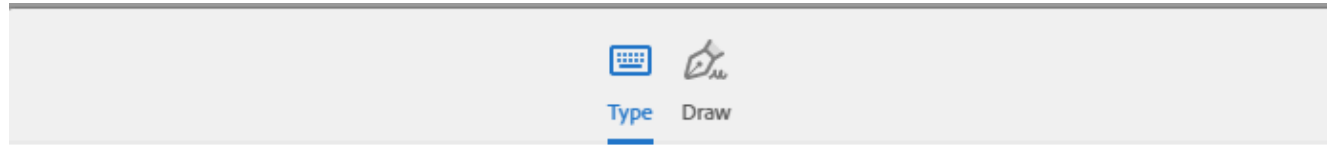
Date (mm/dd/yyyy)

X

Authorized Signature of Accepting Trustee or Custodian

Date (mm/dd/yyyy)

Final Step: Sign & Submit!



Type your signature here



Once you sign and submit this form, we'll send the request to your current HSA provider. Funds will be transferred directly between institutions.



We're excited to be a part of your financial journey.

*Why just bank when you can **belong?***