



TRI-TOWN TEACHERS FEDERAL CREDIT UNION

61 JESUP ROAD
WESTPORT, CT 06880
Web address: www.tttfcu.org

Telephone: 203-227-8511
Fax: 203-227-0266
Email: info@trirownteachers.org

HEALTH SAVINGS ACCOUNT DIRECT TRANSFER REQUEST FORM:

Important Information: Please read before completing this form.

- Complete this form to authorize Tri-Town Teachers FCU to receive a transfer of assets directly from a Health Savings Account (HSA) into your HSA at Tri-Town Teachers Federal Credit Union (TTTFCU).
- **Mail this completed and signed form to the Trustee or Custodian who is currently holding your assets and will be transferring funds to your HSA at TTTFCU. Current HSA ACCOUNT # _____.**
- You must open an HSA with TTTFCU prior to completing this form. Please visit us at our address above to open your basic savings account then we can open an HSA ACCOUNT for you. Please complete this form to initiate the transfer process.
- **Note: Transfers may take 4 to 6 weeks depending on the transferring Trustee/Custodian's processing time.**

PART 1: ACCOUNT HOLDER INFORMATION

First Name:	Middle Initial	Last Name		
Street Address		City	State	Zip Code
Fill in your TTTFCU Master Account number to in the column to the right		_____ (your 5 digit account #) + Suffix 888		
Social Security # (full 9 digits)				

Part 2: REQUEST TYPE

This form is being submitted to my current Trustee/Custodian to request a Trustee-To-Trustee Transfer. I currently have HSA funds with my current Trustee/Custodian and want to transfer the funds directly to Tri-Town Teachers Federal Credit Union (TTTFCU).

Part 3: Transfer Instructions

- Transfer the entire account Balance and close my HSA account at your bank.
- Partial Transfer \$ _____ To TTTFCU. DO NOT close my HSA account.

Rules and Conditions Applicable to Transfers

Eligibility for HSA Transfer: You may only transfer funds into an HSA. You may only transfer funds if you are: 1) the account holder of both the receiving and transferring HSA. 2) The surviving spouse of a deceased account holder; or 3) the former spouse of an account holder who is receiving an interest in the HSA.

SA

Make check payable to "TTTFCU for the benefit of [Owner's Name]" and mail a check to: TTTFCU 61 Jesup Rd. Westport, CT 06880, along with a copy of this form.

Part 4: Signatures

I have read and understand the rules and conditions included in this form and I have met the requirements for making the designated transaction. Due to important tax implications of the designated transaction, I am advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this transaction and will not hold TTTFCU liable for any adverse consequences that may result.

Account Holder Signature	Date
--------------------------	------

Provided that TTTFCU is opened and in good order, TTTFCU agrees to serve as Custodian for the HSA of above named individual. As Custodian, TTTFCU agrees to accept the transferred assets, which should clearly identify the individual whose HSA is to be credited.

Authorized Signature: _____ **David A. Ritch-CEO**