



Complete this form to authorize Avidia Bank to receive a transfer of assets directly from a Health Savings Account into your HSA with Avidia Bank. IMPORTANT: Mail your completed form to the Trustee or Custodian who is currently holding your assets and will be transferring funds to your HSA with Avidia Bank. Depending upon the previous Custodian/Trustee Bank's processing time, it may take 4-6 weeks before your funds are sent to Avidia Bank.

Account Holder's Personal Information:

Form with fields for First Name, MI, Last Name, Street Address, Apt #, City, State, Zip, Social Security #, Daytime Phone #, Email Address, and Avidia Bank Account #.

Transfer Instructions:

Transfer the entire balance of the current HSA listed above to Avidia Bank and CLOSE my account and liquidate investments, if applicable.

Please Transfer \$_____ of the current HSA listed above to Avidia Bank and DO NOT CLOSE my account.

Make Check Payable to: Avidia Bank as Custodian for: _____ Account Owner's first and last name

Transfer Information:

Form with fields for Current Custodian Bank Name, Current HSA Account #, Street Address, City, State, Zip, Phone #, and Fax #.

Instructions for Custodian:

Mail the Transfer Check to Avidia Bank; P.O. Box 370, Hudson, MA 01749

Account Holders Authorization:

I authorize the transfer of the HSA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Custodian shall in no way be held responsible.

X _____ Date
Account Owner Signature

Accepting HSA Custodian:

Avidia Bank agrees to serve as the new Custodian for the account of the individual who is authorizing the transfer. As the newly designated Custodian, we agree to accept the aforementioned assets transferred. Please remit a check payable to Avidia Bank as Custodian of the HSA Account Number listed above for the amount listed in the Transfer Instructions.

Mary Newton
X _____ Date
Authorized Signature of New Custodian

