

**Health Savings Account
Trustee-to-Trustee Transfer Request**

I, the undersigned, request a trustee-to-trustee transfer of 100% of my HSA account balance from:

Name of financial institution from which funds will be transferred

Mailing Address of financial institution from which funds will be transferred:

Health Savings Account number from which transfer will be made

If an account close fee has been previously disclosed to me, I understand that this transfer may be reduced by the amount of that fee.

Transfer the full balance to:

Health Savings Account number to which transfer will be made

AAEFCU
P.O. Box 938
Severna Park, Maryland 21146

AAEFCU Routing # 055080156

Accountholder Name (Print or type): _____

Accountholder signature : _____

Accountholder phone number to contact, if necessary: _____ - _____

Instructions to Accountholder: Send this completed form to your financial institution named at the top of this page. Use mail receipt confirmation or whatever method is recommended by that financial institution.