

Health Savings Account Transfer Request Form

Please complete this form to transfer assets from your current HSA with Optum Bank to your new NueSynergy HSA. When transferring your HSA funds, below are a few key items you should be aware of.

- If you participate in Optum's HSA investments you will need to close your investment account before your HSA can be transferred to NueSynergy.
- Optum will require up to six weeks to transfer your funds to your NueSynergy HSA.
- Transfer forms will be available to download and fill out beginning the second week of January 2019.

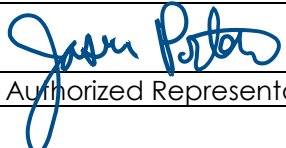


Mail Transfer Form To

Optum Bank
 PO Box 30516
 Salt Lake City, UT 84127



For Questions Concerning the Transfer of your HSA from Optum
Please Call 877-470-1771

Section 1: Account Holder Information			
First Name _____	Last Name _____	MI _____	
Street Address _____	City _____	State _____	Zip _____
Employer Name <u>State of Kansas</u>	Employee ID _____		
Daytime Phone _____	Email Address _____		
Section 2: Request Type			
Trustee to Trustee Transfer: I currently have HSA funds with Optum Bank and want to transfer the funds directly to my HSA account at NueSynergy.			
Section 3: Transfer Instructions (Choose 1)			
<input type="checkbox"/>	Transfer the entire balance of the Optum HSA listed above to NueSynergy and CLOSE my account & Liquidate investments if applicable		
<input type="checkbox"/>	Please Transfer \$ _____	From my Optum to NueSynergy and DO NOT CLOSE my account	
Section 4: Signature			
I certify that I am the accountholder or an individual authorized to execute requests. I have read and understand the instructions and any rules or conditions relating to, and have met the requirements for, making the above requests. I assume full responsibility for the above requests and will not hold NueSynergy liable for any adverse consequences that may result. I have not received tax or legal advice from NueSynergy and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided is correct and may be relied upon by NueSynergy.			
_____/_____/_____ Signature of Account Holder		_____/_____/_____ Date	
Section 5: Acceptance by Consumer Funding Solutions as Custodian			
WealthCare Saver accepts its appointment as Custodian of the above referenced account and has established an HSA for the Account Holder under Internal Revenue Code Section 223(a). WealthCare Saver, as a Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.			
 _____ Authorized Representative of WealthCare Saver		_____ / ____ / 2019 Date	