

Account Holder Instructions

To initiate a trustee-to-trustee transfer of funds from your BenefitWallet Health Savings Account (HSA) to a new custodian or trustee, complete this form and send the ORIGINAL form to The Bank of New York Mellon (BNY Mellon) at the address below. You should also check with your new custodian or trustee regarding any additional information they may require to process a transfer. BNY Mellon will send funds to the new trustee via check. BNY Mellon will charge your account a check issuance fee* in accordance with the Health Savings Account Fee and Rate schedule. **Please allow 20 business days for processing.**

Send this completed and signed form (not a copy) to BNY Mellon at:

U.S. Mail:

BenefitWallet
P.O. Box 535161
Pittsburgh, PA 15253-5161

Courier/Overnight:

BenefitWallet/HSA Operations
500 Ross Street, Suite 154-0510
Pittsburgh, PA 15262-0001

* Note: A check issuance fee of \$25, or as stated on your rate and fee schedule, will be deducted from the proceeds transferred to the new custodian. If your account balance is less than the check issuance fee of \$25, or as stated on your rate and fee schedule that has been disclosed, your account will be closed and no check will be issued. Monthly maintenance fees will continue to be assessed in accordance with the disclosures and fee schedule until the account is closed. This may impact the amount of the transferred balance. I understand that I must request a transfer of any funds invested in my BenefitWallet HSA investment account to my BenefitWallet checking account prior to submission of this authorization to ensure proper movement of funds and 1099 distribution reporting.



Account Holder Information, Transfer Instructions & Authorization

BenefitWallet Account Number: 9500

Note: Your account number can be found in the upper right corner of your BenefitWallet Welcome Kit cover letter, on the account holder statements, as well as on the member portal and your BenefitWallet checks and deposit slips.

Transfer Request and Authorization

☐ Transfer 100% of my account balance and close my account.*

☐ Transfer \$ _____

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I understand that I must request a transfer of any funds invested in my BenefitWallet HSA investment account to my BenefitWallet checking account prior to submission of this authorization to ensure proper movement of funds and 1099 distribution reporting.

Transfer funds to:

Trustee/Custodian Name	
Address	
City, State, Zip	
Account Number	

I authorize BenefitWallet to transact upon my account, to transfer funds from the specified account to the Trustee/Custodian account as indicated above.

Account Holder Name	
Signature	

