HSA Transfer Request



Use this form only if you have the specified Health Savings Account (HSA) open with NASA Federal Credit Union. Need to open a HSA? Please contact us for assistance at 1-888-NASA FCU.

PART 1. RECIPIENT Individua	I requesting the transfe				
Name (First/M.I./Last)		Account	Account Number		
Date of Birth	Phone		Email Ado	dress	
RELATIONSHIP TO THE CUR	RENT OWNER (Select of		he current accour he former spouse	nt owner of the current account owner	
PART 2. ACCEPTING HSA TRU	JSTEE OR CUSTODIAN	To be completed b	y the HSA trustee	or custodian receiving assets	
Name		Address	Line 1		
NASA Federal Credit Union		500 Prin	500 Prince George's Blvd		
Address Line 2		City/Stat Upper M	e/ZIP Iarlboro, MD 2077	4	
Phone 301-249-1800		Organiza 4847	ation Number	Contact Name Specialty Accounts	
PART 3. CURRENT ACCOUNT	OWNER				
Name (First/M.I./Last)		Social Se	ecurity Number		
Account Number		Suffix		Current Account Type (Select o	
PART 4. CURRENT ACCOUNT	TRUSTEE OR CUSTODI	AN		,	
Name		Address	Line 1		
Address Line 2		City/Stat	e/ZIP	Phone	
PART 5. TRANSFER INSTRUC	TIONS				
TRANSFER OPTIONS (Select one) ☐ One-Time Transfer					
□ Recurring Transfer Transfer Amount Transfer Date Frequency (Select one) □ Monthly □ Quarterly □ Semi-Annually □ Annually □ Other					
MAKE PAYABLE TO NASA Federal Credit Union Name of Accepting HSA Trustee/Cu	nas 🗖 Trustee or [stodian	☐ Custodian of		Name of Recipient	_ HSA.
ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instruction section) Asset Description Amount to be Transferred Special Instructions					

PART 6. SIGNATURES

I authorize the transfer of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this transfer request.

The trustee or custodian signing below agrees to accept the assets being tra	nsferred.
Signature of Recipient	Date (mm/dd/yyyy)
Notary Public/Signature Guarantee (if required by the trustee or custodian)	Date (mm/dd/yyyy)
Authorized Signature of Accepting Trustee or Custodian	Date (mm/dd/yyyy)

Instructions to Complete Your Request

- 1. Complete the form in its entirety and physically sign under Signatures. Please obtain Notary or Signature Guarantee if your current institution requires it to release your funds.
- 2. Return Form by:

Mail: Overnight/Expedited: Standard Mail:

NASA Federal Credit Union
Attn: Specialty Accounts
500 Prince Georges Blvd

NASA Federal Credit Union
Attn: Specialty Accounts
P.O. Box 1588

Upper Marlboro, MD 20774 Bowie, MD 20717-1588

Online Banking: Log into Online Banking to send a secure message. In the top right, next to profile, click the message icon. Click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.

Mobile Banking App: Log into the Mobile App to send a secure message. In the bottom right, click "more." Click message center, click "compose" then "attach files" option in the message center to attach a copy of the form and photo ID.

Fax: 301-390-4525, Attention: Specialty Accounts