HSA Transfer RequestTo Bring Funds to NASA Federal



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. N	IASA FCU ACCOUNT HOLDER Individ	dual requesting the transfer		
Name (First/M.I./Last)		NASA FCU Account N	NASA FCU Account Number	
Date of Bi	rth Social Security Number	r Phone	Email	
PART 2. C	CURRENT HSA TRUSTEE OR CUSTODI	AN Tell us about your account at your	other institution	
Name of Financial Institution		Account Number		
Address L	ine 1	Address Line 2		
City/State	e/ZIP	Phone	Fax Number	
PART 3.T	RANSFER INSTRUCTIONS		·	
Transfer Amount Transfer Date Entire Account Balance				
PART 4. S	IGNATURES			
determinin for any con	g that this transfer qualifies under the rules	that apply to such transfers and agree to co	accurate. I understand that I am responsible for omply with those rules. I assume responsibility s not responsible for any consequences that may	
The trustee	or custodian signing below agrees to accep	ot the assets being transferred.		
Signature of	Recipient		Date (mm/dd/yyyy)	
Notary Public/Signature Guarantee (if required by the trustee or custodian)			Date (mm/dd/yyyy)	
Authorized S	Signature of Accepting Trustee or Custodian		Date (mm/dd/yyyy)	
Instruction	s to Complete Your Request			
-	ete the form in its entirety and physicall tion requires it to release your funds.	ly sign under Signatures. Please obtain	Notary or Signature Guarantee if your current	
2. Return	Form by:			
Mail:	Overnight/Expedited : NASA Federal Credit Union Attn: Specialty Accounts	Standard Mail : NASA Federal Credit Union Attn: Specialty Accounts		

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.

P.O. Box 1588

Bowie, MD 20717-1588

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: Specialty Accounts 301-390-4525

500 Prince Georges Blvd

Upper Marlboro, MD 20774