

Health Savings Account (HSA)  
**HSA Transfer Due to Divorce**

**IMPORTANT: If you wish to transfer funds from your HSA to your ex-spouse's HSA, they must have an open, active HSA prior to submission of this form. Transfer must be between HSAs only.**

Please complete this form to transfer assets from your existing HSA with UMB Bank to your ex-spouse's HSA as a result of a divorce decree or legal separation.

Provide a copy of the divorce decree or legal separation order signed by a judge. Note: the decree or order must include language referencing the account and amount being transferred.

Please Note: It may take up to 10 business days for the completion of the transfer of assets (from the time this form is received).



Fax completed form and copy of divorce decree to:  
844.560.6761



Mail completed form and copy of divorce decree to:  
UMB Healthcare Services  
P.O. Box 161238  
Altamonte Springs, FL 32716



Questions about this form?  
844.383.9826  
M-F, 8 a.m. - 8 p.m. ET

**Section 1: UMB HSA Owner Information (Relinquishing Party)**

ACCOUNT NUMBER			
ACCOUNT OWNER'S NAME (FIRST, LAST)			
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS

**Section 2: Ex-Spouse Information (Receiving Party)**

ACCOUNT NUMBER			
ACCOUNT OWNER'S NAME (FIRST, LAST)			
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS

**Section 3: Transfer Instructions** (Tran Code 159)

Entire account balance     
  Specific dollar amount of transfer: \$ \_\_\_\_\_

Close account                     
  Keep account open



**Section 4: Ex-Spouse HSA Custodian Information**

BANK NAME			
TELEPHONE NUMBER			
STREET ADDRESS	CITY	STATE	ZIP CODE

**Section 5: Signature of UMB HSA account holder**

By signing below, I certify that the information supplied on this form is complete and accurate. I further certify that no tax advice has been given to me by UMB Bank as Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. All decisions regarding this request to transfer assets from my existing account at the Current Custodian named above are my own. I acknowledge that I have met the requirements for making the above request and I assume full responsibility for this request to transfer assets and will not hold UMB Bank as Custodian, or its affiliates, liable for any adverse consequences that may result.

Signature of Account Holder

Date

\_\_\_\_\_

**Section 6: Signature of Ex-Spouse**

By signing below, I certify that I legally authorized to receive transfer from my ex-spouse account per divorce decree and information supplied on this form is complete and accurate. I further certify that no tax advice has been given to me by UMB Bank and/or my current HSA Custodian, or its affiliates. I understand that I may consult a tax professional or legal counsel. I acknowledge that I have met the requirements for making the above request and I assume full responsibility for this request to transfer assets and will not hold UMB Bank and/or my current HSA Custodian, or its affiliates, liable for any adverse consequences that may result.

Signature of Ex-Spouse

Date

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