



##37PNC#####

HSA Transfer Due to Divorce

Please complete this form to authorize a transfer of assets from your existing HSA 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.*

Transfer must be between HSAs only. The ex-spouse must have an existing HSA or must complete and submit a new account application along with this form.

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:
855.588.1028



Mail completed form and divorce decree to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
Contact the number on the back of your debit card

Section 1: HSA Account Holder Information (Relinquishing Party)

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

TELEPHONE NUMBER

EMAIL ADDRESS

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Ex-Spouse HSA Account Information (Receiving Party)

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

TELEPHONE NUMBER

EMAIL ADDRESS

SOCIAL SECURITY NUMBER

RECEIVING BANK NAME

RECEIVING BANK STREET ADDRESS

RECEIVING BANK CITY

RECEIVING BANK STATE

RECEIVING BANK ZIP CODE

Section 3: HSA Account Holder Transfer Instructions

- #1 – Entire account balance *(if no future contributions are made the account will be closed in accordance with the Custodial Agreement)*
- #2 – Specific dollar amount of transfer: \$ _____ *(account will remain open after the HSA funds are transferred unless the HSA account holder also checks #3 below)*
- #3 – Close the account after the required HSA funds are transferred and forward any remaining HSA balance to the HSA account holder

Section 4: Signature of 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 WealthCare Saver* 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 WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

SIGNATURE OF ACCOUNT HOLDER

_____/_____/_____
DATE

Section 5: Signature of Ex-Spouse

By signing below, I certify that I am legally authorized to receive a transfer of assets from my former spouse's account per the divorce decree and I further certify that the information supplied on this form is complete and accurate and that no tax or legal advice has been given to me by WealthCare Saver 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 former spouse's existing HSA account at WealthCare Saver as Custodian are my own. I acknowledge that I am the Ex-Spouse of the HSA Account Holder and I assume full responsibility for this request to transfer assets and will not hold WealthCare Saver as Custodian, or its affiliates, liable for any adverse consequences that may result.

SIGNATURE OF EX-SPOUSE

_____/_____/_____
DATE

*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian