

Health Savings Account Transfer Form Fulton Fund Advantage

Instructions: If you are establishing a new account, you must also fill out a Fulton Fund Advantage HSA enrollment form. Use this form when you are transferring money from an existing MSA or HSA account. Upon receipt of the completed form(s) from you, we will contact your current Custodian and process this transfer for you. We will notify you when the transfer has been processed and your cash has been invested.

1. NAME

AND

ADDRESS

Last Name	First Name	Middle Initial
Social Security Number		Telephone No. (Include area code)
Number and Street		
City	State	Zip Code

**2. INSTRUCTIONS
TO CURRENT
CUSTODIAN**

Custodian	
Address	
City, State Zip	

My social security number is _____. My account number is _____.
I have established an HSA with Fulton Fund Advantage. Please liquidate and transfer \$_____ of my account balance. Please make the check payable to Fulton Bank, Custodian.

3. SIGNATURE To Current Custodian: Please consider this your authority to transfer the assets from the account listed in Section 2 to my Fulton Fund Advantage account. Please prepare a check to Fulton Bank, Custodian.

I certify that I have received and read the prospectus for the Fund into which I am transferring my MSA/HSA. Thank you for your prompt handling.

Your Signature	Date
Witness	Date

4. ACCEPTANCE (This portion to be completed by Fulton Bank)

Please send the check payable to Fulton Bank, representing the liquidation of the investment indicated above, along with a copy of this form to identify the check as a transfer of assets to:

**Health Savings Administrators
10800 Midlothian Turnpike, Suite 240
Richmond, VA 23235**

Fulton Bank Authorized Signature	Date
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