

**ACS|BNY Mellon Health Savings Account  
Trustee-to-Trustee Transfer Form  
Transfer FROM ACS|BNY Mellon Health Savings Account**

**Accountholder Instructions**

Complete this form by entering the "Accountholder Information" below, and send original to The Bank of New York Mellon to initiate a trustee-to-trustee transfer of funds from your ACS|BNY Mellon Health Savings Account (HSA) to a new custodian or trustee. Check with your future trustee for any additional information required. The Bank of New York Mellon will send funds to the new trustee via check. The Bank of New York Mellon will charge your account a check issuance fee in accordance with the Health Savings Account Fee and Rate schedule. **Please allow 20 business days for processing.**

**Accountholder Information, Transfer Instruction & Authorization**

ACS|BNY Mellon HSA Solution Account Number 9 5 0 0

Your account number can be found in the upper right corner of your ACS|BNY Mellon HSA Solution Welcome Kit cover letter, monthly statements as well as on your ACS|BNY Mellon HSA Solution checks and deposit slips.

**Transfer Request and Authorization**

Transfer 100% of my account balance and close my account\*

Transfer \$  ,

\* **Note:** If your balance is less than the \$25 fee that has been disclosed, your account will be closed and there will be no check issued. Monthly maintenance fees will continue to be assessed in accordance with the disclosures and fee schedule until the account is closed. This may impact the amount of the transferred balance. I understand any funds that may have been invested in Dreyfus investment funds, I need to request transfer to The Bank of New York Mellon account *prior* to submission of this authorization to ensure proper movement of funds and 1099 distribution reporting.

Transfer funds to:

Trustee/Custodian Name	
Address	
City, State Zip	
Account Number	

**I authorize ACS|BNY Mellon HSA Solution to transact upon my account, to transfer funds from the specified account to the Trustee/Custodian and account as indicated above.**

Accountholder Name (Print)	
Accountholder Signature	
Stamp of Signature Guarantee Required when accountholder signature is not on file	

**Send this completed signed form to The Bank of New York Mellon to:**

**Mail**  
ACS|BNY Mellon HSA Solution  
P.O. Box 4038  
Woburn, MA 01888-4038

**Courier/Overnight**  
ACS|BNY Mellon HSA Solution  
135 Santilli Highway 026-0019  
Everett, MA 02149