

Please complete this form to transfer assets from an existing HSA or MSA custodian to your Omnify HSA. Some custodians may require you to submit their forms in addition to this form. Please check with your current custodian to ensure the necessary documentation is completed. Only use this form if the assets will be transferred directly from your existing HSA or MSA custodian. If your funds have already been distributed and you would like the funds to be deposited into your Omnify HSA, please use the "HSA Contribution" form.

Please complete a separate form for each account to be transferred.



**Fax completed form and
current account statement to:**

844.560.6755



**Mail completed form and
current account statement to:**

P.O. Box 82518
Lincoln, NE 68501-2518



Questions about this form?

Call 844.472.6567

Section 1: Omnify Benefits account information

HSA ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Current custodian information

BANK NAME

ACCOUNT NUMBER

TELEPHONE NUMBER

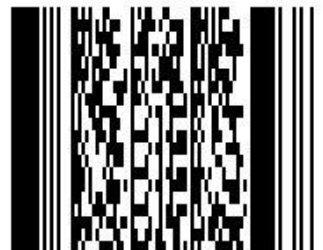
STREET ADDRESS

CITY

STATE

ZIP CODE

Complete next page ➤



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Section 3: Funding instructions (select one)

Select type of transfer:

☐ HSA☐ MSA

Select payment amount:

☐ PARTIAL AMOUNT \$ _____☐ FULL ACCOUNT BALANCE☐ FULL ACCOUNT BALANCE AND CLOSE ACCOUNT

Section 4: Signature

I (the account holder) certify the following statements are true and correct:

I certify that I am the HSA account holder or an individual authorized to execute requests. I have read and understand the instructions and any rules or conditions relating to, and have met the requirements for, making the above requests. I assume full responsibility for the above requests and will not hold Union Bank & Trust liable for any adverse consequences that may result. I have not received tax or legal advice from Union Bank & Trust and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Union Bank & Trust.

WET SIGNATURE OF HSA ACCOUNT HOLDER

_____/_____/_____
DATE

Section 5: Instructions to Custodian/Transfer Agent

Please liquidate the account above and make check payable to Union Bank & Trust for the HSA of:

Checks should be mailed to:

Union Bank & Trust

Attn: Omnify

PO Box 82518

Lincoln, NE 68501-2518

Section 6: Acceptance by Union Bank & Trust as Custodian

Union Bank & Trust accepts its appointment as Custodian of the above referenced account and has established an HSA for the Account Holder under Internal Revenue Code Section 223(a). Union Bank & Trust, as a Custodian, cannot accept assets other than cash in the form of a check. Upon receipt of the check, the proceeds will be credited to the above referenced HSA.

AUTHORIZED REPRESENTATIVE OF
UNION BANK & TRUST

_____/_____/_____
DATE

6/20

