

# HSA TRANSFER REQUEST FORM



The HSA Transfer Request Form is used to facilitate the transfer of assets from an MSA to an HSA or between two HSAs. This form may be used to transfer assets from one Trustee/Custodian to another. This form should not be used to facilitate a rollover. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-800-400-6432.

## PART I: HSA OWNER INFORMATION (RECEIVING HSA) (\*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*		
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)	City	State	Zip Code	
Daytime Phone*	Evening Phone			

## PART II: CURRENT HSA/MSA TRUSTEE OR CUSTODIAN

Name of Current HSA/MSA Trustee/Custodian*	Current HSA/MSA Account/Plan Number/Fund Name*			
P. O. Box*	Suite #	City*	State*	Zip Code*
Name of Contact*	Contact's Phone Number*			

\*Note: If you wish to have paperwork sent overnight, please provide the physical street address.

## PART III: TRANSFER DESCRIPTION

Type of Transfer (Select One)

- HSA-to-HSA
- MSA-to-HSA

**PART IV: TRANSFER INSTRUCTIONS**

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number \_\_\_\_\_

**Transfer Allocation**

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

Name of Investment	Percentage
1. Midas Perpetual Portfolio, Inc.	%
2. Midas Magic, Inc.	%
3. Midas Fund, Inc.	%

**PART V: LIQUIDATION INSTRUCTIONS**

I authorize and direct the current HSA/MSA Trustee or Custodian to liquidate assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new HSA Trustee/Custodian identified below.

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- Partially liquidate \$ \_\_\_\_\_ of the current HSA or MSA and send the proceeds to the new HSA Trustee/Custodian identified below. (Note to HSA Owner: Attach additional written liquidation instructions, if necessary.)

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- Other (describe): \_\_\_\_\_

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Please send proceeds by check:

Make check payable as follows: Midas Funds: FBO \_\_\_\_\_  
(Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
 Midas Funds  
 P.O. Box 6110  
 Indianapolis, IN 46206-6110

**Overnight Delivery**  
 Midas Funds  
 2960 N. Meridian Street Suite 300  
 Indianapolis, IN 46208

**PART VI: ACKNOWLEDGEMENTS**

By signing this *HSA Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current Trustee/Custodian to transfer the HSA or MSA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

Signature of Account Owner (or other authorized person): X \_\_\_\_\_ Date: \_\_\_\_\_

**PART VII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud. **\*\*Please contact your present custodian to see if a New Technology Medallion Signature Guarantee Stamp is required for transfer. This will ensure that your transfer will be processed in a timely manner.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

**Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**PART VIII: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)**

By signing below, the Trustee/Custodian of the receiving HSA agrees to accept this transfer as instructed above.

Signature of Receiving HSA Trustee/Custodian Representative: X *M. Gallagher* \_\_\_\_\_ Date: \_\_\_\_\_

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
 Midas Funds  
 P.O. Box 6110  
 Indianapolis, IN 46206-6110

**Overnight Delivery**  
 Midas Funds  
 2960 N. Meridian Street Suite 300  
 Indianapolis, IN 46208