



**STERLING HSA®**

475 14<sup>th</sup> Street,  
Suite 650  
Oakland, CA 94612

P.O. Box  
71107  
Oakland, CA 94612

T: 1.800.617.4729  
F: 1.877.517.4729  
www.sterlinghsa.com

# HSA Roll-Over Request Form

In order to roll-over funds to your Sterling HSA account, please fill out the following form, mail the original to your current HSA/MSA administrator, and send a copy to:

**Sterling HSA**  
**475 14th Street, Suite 650**  
**Oakland CA 94612**

## 1. Sterling Accountholder Information

Name		SSN #	
Street Address	City	State	Zip
Date of Birth	Phone Number	Email	

## 2. Roll-Over Request

I authorize and direct you, the present HSA/MSA Custodian/Trustee, to rollover all funds in my HSA/MSA account to **Sterling HSA, 475 14th St. Suite 650, Oakland, CA 94612.**

Present Custodian/Trustee Name	Account #	Phone Number	
Street Address	City	State	Zip

## 3. Payment Information

I authorize and direct you to send my assets to my Sterling HSA account as follows:

**By check. Please make check payable to Sterling HSA**

**Other** \_\_\_\_\_

## 4. Signature

I certify that I have or will establish an account with Sterling HSA.

Signature	Date
-----------	------