



**STERLING HSA®**  
HEALTH SERVICES ADMINISTRATION

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

# Transfer of Assets Request Form

This form transfers funds from your Sterling HSA account to your brokerage account. Please fill in the requested information, sign and mail to Sterling HSA at 475 14th St., Suite 650, Oakland, CA 94612. Your signature on this form indicates that you agree to indemnify and hold Sterling HSA harmless from any and all costs, obligations, losses, claims, damages and expenses resulting from this transfer of assets. Sterling charges a small annual fee for this service that includes 2 transactions at no additional cost. More than 2 transactions will incur a per transaction fee. For more information, visit [www.sterlinghsa.com](http://www.sterlinghsa.com) and find the Additional Account Terms page under Products and Services/HSA.

## Section 1: Information About Your Health Savings Account

Mr.  Ms.  Mrs.  Dr.

Please transfer \$ \_\_\_\_\_  
from my Sterling HSA account into my brokerage  
account.

\_\_\_\_\_  
Name (Please Print Accountholder Name)

Sterling HSA Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
Date

## Section 2: Broker Information (to be completed by Sterling HSA)

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Representative's Name/ AE #

\_\_\_\_\_  
Home Office Address

\_\_\_\_\_  
Branch Office Address

\_\_\_\_\_  
Broker's Telephone Number