



STERLING HSA[®]
HEALTH SERVICES ADMINISTRATION

475 14th Street,
Suite 650
Oakland, CA 94612

P.O. Box
71107
Oakland, CA 94612

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HSA Transfer of Funds Rollover Request

In order to rollover funds to your Sterling health savings account, please fill out this form, mail the original to your current HSA or 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. Rollover Request

I authorize and direct you, the current HSA/MSA Custodian/Trustee, to rollover all funds in my HSA/MSA account with you to **Sterling HSA, 475 14th St., Suite 650, Oakland, CA 94612.** *(Important Note: The information to be completed below in section 2 of this form is related to the current HSA/MSA administrator - name, address, phone number, and accountholder number with that institution.)*

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
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