



The Cattle National Bank & Trust Company

Health Savings Account
Transfer Request Form

www.cattlebank.com

Account Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ SSN: _____ DOB: _____

I hereby request an []HSA to HSA, []Archer MSA to HSA, []IRA to HSA account transfer to The Cattle National Bank & Trust Company.

Current Trustee Name: _____ Trustee Address: _____

Trustee City: _____ Trustee State: _____ Trustee Zip: _____

Trustee Phone: _____ Trustee Account Number: _____

Please send cash proceeds for my entire []HSA, []Archer MSA, []IRA account balance OR a portion of my []HSA, []Archer MSA, []IRA account balance of \$_____. I authorize you to immediately liquidate all investments as necessary. Proceeds should be made payable to The Cattle National Bank & Trust Company as custodian for the HSA of _____, Account Number _____ and sent to:

The Cattle National Bank & Trust Company
ATTN: HSA Accounts - TRANSFER
P.O. Box 467
Seward, NE 68434-0467

I certify that the information on this transfer request is true and correct as of this date. I direct the transferring custodian to transfer my HSA/Archer MSA/IRA assets as directed in this transfer request. I understand that I am solely responsible for seeking appropriate tax and/or legal advice regarding the consequences of this request. I understand that both the transferring and receiving trustees cannot offer tax and legal advice and I agree to hold them harmless against any liabilities arising from this transfer request. I assume full responsibility for this transfer request and understand that fees or penalties may be imposed by the transferring or receiving trustees per their policies.

Account Owner Signature

Date

The Cattle National Bank & Trust Company hereby agrees to accept these funds as HSA custodian.

Custodian Authorized Signature

Date