

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 1-800-238-7701.

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. Archer Balanced Fund	%

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.

- 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.)

- Other (describe): _____

Please send proceeds by check:

Make check payable as follows: Archer Balanced Fund: FBO _____
(Investor's Name)

Please mail check to:

Regular Mail Delivery
 Archer Balanced Fund
 P.O. Box 6110
 Indianapolis, IN 46206-6110

Overnight Delivery
 Archer Balanced Fund
 2960 N. Meridian Street Suite 300
 Indianapolis, IN 46208

