

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

[HSA Administrator Name]
[HSA Administrator Address]
[City, State, Zip Code]

RE: Request to Close Account and Transfer Funds
Account Number: [Your HSA Account Number]

Dear Customer Service Department,

I am writing to formally request the closure of my Health Savings Account (HSA) held with your institution, effective immediately, due to a change in my employment.

Please liquidate all holdings within this account and transfer the entire remaining balance via a trustee-to-trustee transfer to my new HSA provider listed below:

New HSA Provider Name: [New Provider Name]
New Provider Address: [New Provider Address]
New Account Number: [New Account Number]
Routing Number: [New Provider Routing Number]

Please ensure that this transfer is processed as a direct rollover to avoid any tax implications or penalties. If there are any closing fees associated with this account, please deduct them from the final balance prior to the transfer.

Once the transfer is complete, please send a final statement to my address on file for my records.

If you require any additional documentation or information to process this request, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]