

# 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 1-800-400-MIDAS (6432).

## 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 \_\_\_\_\_

**\*Note:** Must be a U.S. citizen with a U.S. mailing address.

## 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:** Must be a U.S. citizen with a U.S. mailing address. 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. Midas Magic     | %          |
| 2. Midas 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: Midas Funds: FBO \_\_\_\_\_ (Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
 Midas Funds  
 Box 46707  
 Cincinnati, OH 45246-0707

**Overnight Delivery**  
 Midas Funds  
 225 Pictoria Drive, Suite 450  
 Cincinnati, OH 45246

**PART VI: ACKNOWLEDGEMENTS**

By signing this *HSA Transfer Request Form*, I certify that the information I have provided is true and correct. I authorize the current Trustee/Custodian to transfer the HSA or MSA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian.

Signature of Account Owner (or other authorized person): X \_\_\_\_\_ Date: \_\_\_\_\_

**PART VII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud. **\*\*Please contact your present custodian to see if a New Technology Medallion Signature Guarantee Stamp is required for transfer. This will ensure that your transfer will be processed in a timely manner.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

**Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.



**PART VIII: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)**

By signing below, the Trustee/Custodian of the receiving HSA agrees to accept this transfer as instructed above.

Signature of Receiving HSA Trustee/Custodian Representative: X *M. Gallagher* \_\_\_\_\_ Date: \_\_\_\_\_

**MAILING INSTRUCTIONS**

Please send completed form to:

**Regular Mail Delivery**  
Midas Funds  
Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Midas Funds  
225 Pictoria Drive, Suite 450  
Cincinnati, OH 45246

## PRIVACY POLICY

|              |   |
|--------------|---|
| <b>FACTS</b> | <b>WHAT DOES MIDAS DO WITH YOUR PERSONAL INFORMATION?</b> |
|--------------|---|

|             |  |
|-------------|--|
| <b>Why?</b> | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
|-------------|--|

|              |   |
|--------------|---|
| <b>What?</b> | <p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">▪ Social Security number</li> <li style="display: inline-block; width: 45%;">▪ Account transactions</li> <li style="display: inline-block; width: 45%;">▪ Account balances</li> <li style="display: inline-block; width: 45%;">▪ Retirement assets</li> <li style="display: inline-block; width: 45%;">▪ Transaction or loss history</li> <li style="display: inline-block; width: 45%;">▪ Checking account information</li> </ul> <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> |
|--------------|---|

|             |  |
|-------------|--|
| <b>How?</b> | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Midas chooses to share; and whether you can limit this sharing. |
|-------------|--|

| Reasons we can share your personal information  | Does Midas share? | Can you limit this sharing? |
|---|-------------------|-----------------------------|
| <b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes               | No                          |
| <b>For our marketing purposes</b> – to offer our products and services to you   | Yes               | No                          |
| <b>For joint marketing with other nonaffiliated financial companies</b>   | No                | We don't share              |
| <b>For our affiliates' everyday business purposes</b> – Information about your transactions and experiences   | No                | We don't share              |
| <b>For our affiliates' everyday business purposes</b> – Information about your creditworthiness   | No                | We don't share              |
| <b>For our affiliates to market to you</b>  | Yes               | Yes                         |
| <b>For nonaffiliates to market to you</b>   | No                | We don't share              |

|                         |  |
|-------------------------|--|
| <b>To Limit Sharing</b> | <ul style="list-style-type: none"> <li>▪ Call Midas at 212-785-0900 – our menu will prompt you through your choices; or</li> <li>▪ Mail the form below</li> </ul> <p><b>Please note:</b></p> <p>If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p> |
|-------------------------|--|

|                   |   |
|-------------------|---|
| <b>Questions?</b> | Call 1-800-400-MIDAS (6432) or go to <a href="http://www.midasfunds.com">www.midasfunds.com</a> |
|-------------------|---|

|   |  |  |
|---|--|--|
| <b>Mail-in Form</b>   |  |  |
| <p><b>Leave Blank or</b><br/>[If you have a joint account, your choice will apply to everyone on your account unless you mark below.]</p> <p><input type="checkbox"/> Apply my choice only to me]</p> | <p>Mark if you want to limit:</p> <p><input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.</p> |  |
| Name  |  | <p><b>Mail to:</b><br/>Midas Funds<br/>11 Hanover Square, 12<sup>th</sup><br/>Floor<br/>New York, NY 10005</p> |
| Address   |  |  |
| City, State, Zip  |  |  |
| Account #   |  |  |

## Who we are

### Who is providing this notice?

Midas: Midas Fund and Midas Magic, each a series of Midas Series Trust, and Midas Securities Group, Inc.

## What we do

### How does Midas protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

### How does Midas collect my personal information?

We collect your personal information, for example, when you

- Open an account
- Buy securities from us
- Provide account information
- Give us your contact information
- Pay us by check

### Why can't I limit all sharing?

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes – information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

### What happens when I limit sharing for an account I hold jointly with someone else?

Your choices will apply to everyone on your account – unless you tell us otherwise.

## Definitions

### Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas shares with our affiliates.*

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Midas does not share with nonaffiliates so they can market their financial products or services to you.*

### Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Midas does not jointly market.*