

Account Holder Information (please print)	Spending Account ID #																																																		
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Last Name</span> <span>First Name</span> <span>Middle Initial</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>City</span> <span>State</span> <span>Zip</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Email address</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">S</td> <td style="width: 5%; text-align: center;">A</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="10" style="text-align: center;">Social Security # (if SA# is not known)</td> </tr> <tr> <td colspan="10" style="height: 20px;"></td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="10" style="text-align: center;">Daytime Phone</td> </tr> <tr> <td colspan="10" style="height: 20px;"></td> </tr> </table>	S	A									Social Security # (if SA# is not known)																				Daytime Phone																			
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**Transfer Instructions**

This transfer will be into an HSA. An IRA rollover to a HSA is a one-time tax free distribution. The "roll-over" counts as a contribution and cannot exceed the HSA contribution limit for the tax year.

Directly transfer:  all or  part of the account identified below to **Further** as Custodian of the \_\_\_\_\_  
 account for tax year \_\_\_\_\_. (Account Holder's Name)

This transfer:  will  will not close the account.

**Asset Liquidation Instructions**

Description	Total Quantity	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Current Trustee/Custodian Info (transferring FROM)**

Trustee/Custodian's Name
Street Address
<span>City</span> <span>State</span> <span>Zip</span>
<span>Trustee/Custodian's Phone#</span> <span>Trustee/Custodian's Account ID#</span>

**Signature of HSA Account Holder**

I understand I am limited to one IRA to HSA trustee rollover and certify I have not made another rollover.

HSA Account Holder Signature
Date

**Please note** some carriers or fund providers may require notarization or a medallion signature guarantee. To avoid any delays, please check with your IRA administrator to verify its requirement before submission and whether a signature guarantee is required. The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations that participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee.

Medallion Signature Guarantee Stamp and Signature \_\_\_\_\_

**Account Holder Instructions:** Please send this completed form back to your previous administrator for processing.

**Administrative Check Mailing Instructions:** Please mail the check to the El Paso address listed below.

**Mail to:**  
 P.O. Box 982814  
 El Paso, TX  
 79998-2814