



Formerly SelectAccount®

HEALTH SAVINGS ACCOUNT TRANSFER REQUEST

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

Transfer Instructions

This transfer will be into an HSA.

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

This transfer: will will not close the account.

A. Payment Amount (select one): My entire balance The following amount. \$ _____

B. Payment Schedule and Investments (select one):

Immediately liquidate all investments and send cash proceeds. Liquidate the investments as identified below:

Account number or investment	Dollar amount requested
	\$
	\$
	\$

Current HSA Administrator (transferring FROM)	Accepting HSA Administrator <small>(to be completed by Further)</small>
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Trustee/Custodian's Name Trustee/Custodian's Account ID# </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;"> City State Zip </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Trustee/Custodian's Phone# Trustee/Custodian's Fax # </div>	<p>Further agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.</p> <p>Account ID of Accepting HSA _____ <small style="margin-left: 600px;">(Spending Account ID #)</small></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="border-bottom: 1px solid black; width: 30%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Authorized Signature of Further Date </div>

Signature of HSA Account Owner

I authorize the transfer of the account assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by Further.

HSA Account Owner Signature
Date

Questions? Call Member Services at 1-800-859-2144.

Send via secured email only:
 further.documents@helloofurther.com

Fax to:
 866-231-0214

Mail to:
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 St. Paul, MN 55164-0193