



Formerly SelectAccount®

HEALTH SAVINGS ACCOUNT TRANSFER REQUEST

Account Holder Information (please print)			Spending Account ID #							
Last Name _____ First Name _____ Middle Initial _____			S	A						
Street Address _____			Social Security # (if SA# is not known)							
City _____ State _____ Zip _____			Daytime Phone							
Email address _____										

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 (to be completed by Further)
Trustee/Custodian's Name _____ Trustee/Custodian's Account ID# _____	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. Account ID of Accepting HSA _____ (Spending Account ID #)
Street Address _____	
City _____ State _____ Zip _____	
Trustee/Custodian's Phone# _____ Trustee/Custodian's Fax # _____	

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

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