



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)

Trustee/Custodian's Name _____ Trustee/Custodian's 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

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:
PO Box 982814
El Paso, TX
79998-2814