

**HEALTH SAVINGS ACCOUNT
TRANSFER REQUEST**



Account Holder Information (please print)			Spending Account ID #						
<hr/> Last Name	<hr/> First Name	<hr/> Middle Initial	S	A					
<hr/> Street Address			Social Security # (if SA# is not known)						
<hr/> City	<hr/> State	<hr/> Zip	Daytime Phone						
<hr/> Email address									
Transfer Instructions									
<p>This transfer will be into an HSA.</p> <p>Directly transfer: <input type="checkbox"/> all or <input type="checkbox"/> part of the account identified below to Horizon as Custodian of the _____ account. (Account Holder's Name)</p> <p>This transfer: <input type="checkbox"/> will <input type="checkbox"/> will not close the account.</p>									
<p>A. Payment Amount (select one): <input type="checkbox"/> My entire balance <input type="checkbox"/> The following amount. \$ _____</p>									
<p>B. Payment Schedule and Investments (select one):</p> <p><input type="checkbox"/> Immediately liquidate all investments and send cash proceeds. <input type="checkbox"/> Liquidate the investments as identified below:</p>									
Account number or investment	Dollar amount requested								
<hr/>	\$								
<hr/>	\$								
<hr/>	\$								
Transferring HSA Administrator	Accepting HSA Administrator <small>(to be completed by Horizon)</small>								
<hr/> Transferring HSA Administrator Your Account ID # <hr/> Street Address <hr/> City State Zip <hr/> Your Phone # Your Fax #	<p>Further acts as the custodian operating on behalf of Horizon. As Custodian, we agree to accept the assets being transferred.</p> <p>Account ID of Accepting HSA _____ (Spending Account ID #)</p> <p style="text-align: center;">_____ Authorized Signature of Horizon _____ Date</p>								
Signature of HSA Account Owner									
<p>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 Horizon.</p>									
<hr/> HSA Account Owner Signature							<hr/> Date		

Questions? Call Member Services at 1-888-215-0025.

Send via secured email only:
HorizonMyWay.Documents@Hellofurther.com

Fax to:
866-231-0214

Mail to:
P.O. Box 64193
St. Paul, MN 55164-0193

Further is an IRS approved non-bank trustee administrator providing HSA custodial services on behalf of Horizon to its members. An Independent Licensee of the Blue Cross and Blue Shield Association.