HEALTH SAVINGS ACCOUNT TRANSFER REQUEST

Horizon

Account Holder Information (please print)

Last Name | First Name | Middle Initial

Street Address

City | State | Zip

Email address

Spending Account ID

S A

Social Security # (if SA# is not known)

Daytime Phone

Transfer Instructions

This transfer will be into an HSA.

Directly transfer: ☐ all or ☐ part of the account identified below to **Horizon** 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
	$
	$
	$

Transferring HSA Administrator

Transferring HSA Administrator | Your Account ID #

Street Address

City | State | Zip

Your Phone # | Your Fax #

Accepting HSA Administrator
(to be completed by Horizon)

Further acts as the custodian operating on behalf of Horizon.
As Custodian, we agree to accept the assets being transferred.

Account ID of Accepting HSA _____
(Spending Account ID #)

_____ _____
Authorized Signature of Horizon | Date

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 Horizon.

_____ _____
HSA Account Owner Signature | 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:
PO Box 982814
El Paso, TX 79998-2814

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.