



An Independent Licensee of the Blue Cross Blue Shield Association

HEALTH SAVINGS ACCOUNT ROLLOVER CERTIFICATION

| Account Holder Information (please print) | | | Spending Account ID # | | | | | | | | |
|--|--|--|---|---|--|--|--|--|--|--|--|
| <div>Last Name</div> <div>First Name</div> <div>Middle Initial</div> | | | S | A | | | | | | | |
| <div>Street Address</div> | | | Social Security # (if SA# is not known) | | | | | | | | |
| <div>City</div> <div>State</div> <div>Zip</div> | | | Daytime Phone | | | | | | | | |
| <div>Email address</div> | | | | | | | | | | | |
| Rollover Information | | | | | | | | | | | |
| <p>A rollover moves assets from one account to another. You can make a rollover from:</p> <ul style="list-style-type: none">• an HSA to a HSA• an MSA to a HSA <p>You can rollover part or all of the assets in an account. A rollover differs from a transfer in that when you request a transfer, the assets are moved directly from the current custodian to the new custodian. When you perform a rollover, the amount you specify will be distributed to you in cash.</p> <p>You must deposit the rollover in another account within 60 calendar days after you receive the distribution. The IRS allows one rollover transaction per account per year. Once designated, a rollover contribution is irrevocable.</p> <p><input type="checkbox"/> I wish to make a single rollover contribution by check (Please make checks payable to Further).</p> <p>Amount: \$ _____</p> <p><input type="checkbox"/> I wish to initiate a one-time pull from the account I have indicated on the reverse side of this form.</p> <p><input type="checkbox"/> I wish to initiate a one-time pull from the existing bank account on file at Further, bank account number: _____</p> <p>Amount: \$ _____</p> | | | | | | | | | | | |
| Account Holder Signature | | | | | | | | | | | |
| <p>I am fully responsible for any taxes or losses that I incur due to this rollover.</p> <p>I declare this rollover of \$ _____ to be an irrevocable rollover contribution.</p> <div><div>_____</div><div>_____</div></div> <div><div>Account Holder Signature</div><div>Date</div></div> | | | | | | | | | | | |

Questions? Call Member Services at 877.293.7041.

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

Fax to:
866.231.0214

Mail to:
PO Box 860684
Minneapolis, MN
55486-0684

Overnight:
Lockbox 860684
1200 Energy Park Dr
St Paul, MN
55108-0684

Authorization for Electronic Transfer of Funds

To begin the electronic transfer of funds, please complete the following:

☐ checking or ☐ savings account

Name of member (please print): _____

Spending Account ID or Social Security Number: _____

Employer's Name (if applicable): _____

Bank name: _____

Bank telephone number: _____

Bank ABA Routing Number: ____ _

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

Bank Account Number: _____

Signature of Bank Account Holder _____ Signature Date: _____

Please allow 10-15 business days from the date this form is received by Capital Blue Cross for your request to be processed.