

Account Holder Information (please print)			Spending Account ID #						
<hr/>	<hr/>	<hr/>	S	A					
Last Name	First Name	Middle Initial	<b>Social Security # (if SA# is not known)</b>						
<hr/>			<b>Daytime Phone</b>						
Street Address									
<hr/>									
City	State	ZIP							
<hr/>									
Email address									
<hr/>									
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"> <li>• an HSA to a HSA</li> <li>• an MSA to a HSA</li> <li>• an MSA to an MSA</li> </ul> <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). 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: _____ 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> <p>_____</p> <p style="text-align: center;">Account Holder Signature <span style="float: right;">Date</span></p>									

Questions? Call Member Services at 1-866-999-2605.

**Send via secured email only:**  
mymoneybcbsvt.documents@hellofurther.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 Further for your request to be processed.