

HEALTH SAVINGS ACCOUNT CONTRIBUTION FORM

by HealthEquity

Account Holder's Name and Address			Spend	ing Ac	count	t ID#	ŧ	
	S	Α						
Last Name First Name Middle Initial	9	Social S	Security	# (if S/	A# is no	ot kno	own)	
Street Address								
City State Zip		Daytime Phone						
Email address								
O-white the con-								
Contributions Contributions								
Account Type: HSA MSA Note: The makes a single contribution by already (Places makes the class account to the first terms of the contribution by all the first terms of the class of the contribution by all the first terms of the contribution by all the contributions of the contributions of the contribution by all the contributions of the contributions of the contribution by all the contributions of the contributions of the contribution of the contribution by all the contributions of the contribution by all th	٠ المدر							
I wish to make a single contribution by check (Please make checks payable to Fi	urtner)							
Amount: \$								
Tax Year:								
When you provide a check as payment, you authorize us either to use information electronic fund transfer from your account or to process the payment as a check from your check to make an electronic fund transfer, funds may be withdrawn from the we receive your payment, and you will not receive your check back from your fin	transa om you	action. ur acco	When vount as	ve use	inforr	natio	n	
☐ I wish to authorize an electronic funds transfer:								
☐ Please initiate a one-time pull from the account I have indicated on the reverse side of this form.								
Please initiate a one-time pull from the existing bank account on file at Furth bank account number:	ier,							
Amount: \$								
Tax Year:								
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	on the	revers	se side	of this	form.			
Please initiate an ongoing monthly draft from the existing bank account on bank account number:	n file at	t Furthe	er,					
I understand that funds will be drawn from my account on or around the 5	ith day	of eac	h mont	h.				
Amount: \$								
Tax Year will be the current year:	-							
Signature								
It is my responsibility (1) to determine whether I am eligible to make contributions to contributions to this HSA have exceeded the applicable maximum annual contribution contribution limits, go to hellofurther.com .	-		. ,					
I understand deposits might not be available for immediate withdrawal until confirmation	tion by	my fir	nancial	institut	tion.			
Account Holder				Dat	:e			

Authorization for Electronic Transfer of Funds

As an added convenience, Further can automatically transfer contributions and/or distributions between your bank account and your health savings account. Once you have authorized Further to automatically transfer funds, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.

re-enroll in subsequent plan years unless there is a change in your bank information. To begin the electronic transfer of funds or change bank account information, please complete the following: The bank information I have provided is intended to be used as indicated below: □ Contribution(s) to Further **and/or** □ Withdrawals(s) from Further \square checking or \square savings account Please note that we cannot transfer funds into investment accounts at this time. Name of member (please print): Further 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 Date: Signature of Bank Account Holder

Please allow 10-15 business days from the date this form is received by Further for your request to be processed. You may receive a manual check if claims are processed before the direct deposit is effective.

Save time: submit this information online. Questions? Call Member Services at 1-800-859-2144.

Send via secured email only: further.documents@hellofurther.com Fax to: 866-231-0214

Mail To: P.O. Box 860684 Minneapolis, MN 55486-0684 Overnight: Lockbox 860684 1200 Energy Park Dr St Paul, MN 55108-0684

F7317R15 (10/21)