FURTHER.

Instructions: This form should be used to reclassify previous distributions from your HSA account. This adjustment will be displayed on the next 1099SA. Please be aware that we are unable to adjust previous 1099SA's. Example of when to use form: Over contributed to the HSA account during the current tax year and there are no remaining funds, or the funds in the account are not enough to cover the excess contribution. In this situation, check "Normal Distribution" under "Distribution Classified As" section and check "Excess Contribution" under the "Reclassify To" section. For tax advice, contact your tax advisor or accountant.

Account Holder Information (please print)		Spending Account ID #									
		S	A								
Last Name First Name Mide	Middle Initial		ocial	Seci	irity #	# (if S	SA# is	s not	knov	vn)	
Street Address											
City State Zip	Zip		Daytime Phone								
Email address Employer's Name											
Reclassification Amount and Tax Year											
Reclassification amount: \$ (specify amount) Original distribution was in tax year:											
Distribution Classified as:		Reclassify to:									
 The previous distributions were classified as: Normal Distribution – Distributions for any reason other than removal of an excess contribution, death, disability or a prohibited transaction. Excess Contribution Removal – If your contributions exceed the applicable maximum annual contribution limit, then you may request Further to withdraw the excess contributions and any net income attributable to such excess contributions. Disability – You may take a non-medical distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason for payments to a descendant's beneficiary, including an estate, in the year of death. Death (after year of death) – If you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason for payments to a descendant's beneficiary, including an estate, in the year of death. Also use this reason for payments to an estate after the year of death. Death (after year of death) – If you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason if you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason if you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason if you are requesting a distribution as a nonspouse beneficiary, other than an estate,	 I direct the Custodian to reclassify the previous distributions as: Normal Distribution – Distributions for any reason other than removal of an excess contribution, death, disability or a prohibited transaction. Excess Contribution Removal – If your contributions exceed the applicable maximum annual contribution limit, then you may request Further to withdraw the excess contributions and any net income attributable to such excess contributions. Disability – You may take a non-medical distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax but are not subject to excise tax. Death (year of death) – If you are requesting a distribution as a 										
is not corrected timely, an additional penalty may be imposed.											
Account Holder Signature											
I understand that I am fully responsible for any taxes or losses that are incurred with respect to this account. I also understand that if I have a balance in my account, the balance will be depleted before any funds are reclassified. To my knowledge, all information provided above is complete and accurate.											

Account Holder Signature

Date

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: PO Box 982814 El Paso, TX 79998-2814