

Account Holder Information (please print)	Spending Account ID #																																																		
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Last Name First Name Middle Initial </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State Zip </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Email address</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">S</td> <td style="width: 5%; text-align: center;">A</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="10" style="text-align: center;">Social Security # (if SA# is not known)</td> </tr> <tr> <td colspan="10" style="text-align: center; height: 20px;"> </td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="10" style="text-align: center;">Daytime Phone</td> </tr> <tr> <td colspan="10" style="text-align: center; height: 20px;"> </td> </tr> </table>	S	A									Social Security # (if SA# is not known)																				Daytime Phone																			
S	A																																																		
Social Security # (if SA# is not known)																																																			
Daytime Phone																																																			

Transfer Instructions

This transfer will be into an HSA. An IRA rollover to a HSA is a one-time tax free distribution. The "roll-over" counts as a contribution and cannot exceed the HSA contribution limit for the tax year.

Directly transfer: all or part of the account identified below to **Further** as Custodian of the _____
 account for tax year _____. (Account Holder's Name)

This transfer: will will not close the account.

Asset Liquidation Instructions

Description	Total Quantity	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Trustee/Custodian Info (transferring FROM)	Accepting Account Trustee or Custodian
--	--

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Trustee/Custodian's Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State Zip </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Trustee/Custodian's Phone# Trustee/Custodian's Account ID# </div>	<p>Further agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.</p> <p>Account ID of Accepting HSA _____ <small>(Spending Account ID #)</small></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-bottom: 1px solid black; text-align: center;">Authorized Signature of Further</div> <div style="width: 30%; border-bottom: 1px solid black; text-align: center;">Date</div> </div>
--	---

Signature of HSA Account Holder

I understand I am limited to one IRA to HSA trustee rollover and certify I have not made another rollover.

HSA Account Holder Signature

Date

Please note some carriers or fund providers may require notarization or a medallion signature guarantee. To avoid any delays, please check with your IRA administrator to verify its requirement before submission and whether a signature guarantee is required. The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations that participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee.

Medallion Signature Guarantee Stamp and Signature _____

Questions? Call Member Services at 1-800-859-2144.

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

Fax to:
 866-231-0214

Mail to:
 P.O. Box 64193
 St. Paul, MN 55164-0193