

ACCOUNT OWNER'S NAME AND ADDRESS			CURRENT TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS		
Last Name _____ First Name _____ Middle Initial _____ Street Address _____ City _____ State _____ Zip Code _____ Email Address _____			_____ _____ _____		
			TRUSTEE or CUSTODIAN'S PHONE NUMBER		

Social Security No.	Daytime Phone	Evening Phone	CURRENT ACCOUNT IDENTIFICATION & TYPE		
_____	_____	_____	Group # _____ <input type="checkbox"/> HSA <input type="checkbox"/> MSA		
TRANSFER INSTRUCTIONS					
<input type="checkbox"/> Convert my MSA account to an HSA account <input type="checkbox"/> Transfer my HSA account as identified above in the following manner to SelectAccount as Custodian of _____ account: <small>(Account Holder's Name)</small> (Unless otherwise specified, this transfer will be into an HSA) <input type="checkbox"/> Directly transfer all of my HSA account; or <input type="checkbox"/> Directly transfer part of my HSA account This transfer: <input type="checkbox"/> will <input type="checkbox"/> 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"/>
SIGNATURE OF ACCOUNT OWNER			ACCEPTING ACCOUNT TRUSTEE OR CUSTODIAN		
I authorize the transfer of the account assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by SelectAccount.			We agree 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.		
_____ <small>Account Owner's Signature</small>			Account Identification of Accepting HSA / MSA _____ SelectAccount Attn: HSA Administration P.O. Box 64193 St. Paul, MN 55164-0193 Fax: (651)662-7247 / 1-866-231-0214		
_____ <small>Date</small>			_____ <small>Authorized Signature of New Custodian</small>		
_____ <small>Date</small>			_____ <small>Date</small>		