

Account Holder Information (Please Print)			Spending Account ID #							
			<b>S</b>	<b>A</b>						
Last Name	First Name	Middle Initial	<b>Social Security # (if SA# is not known)</b>							
Street Address										
City			State			Zip				
<b>Daytime Phone #</b>										
Account Holder Email Address						Employer Name				
Beneficiary Information										
<input type="checkbox"/> <b>I wish to revoke my previous beneficiary designations</b> and not name specific beneficiaries. If a specific beneficiary designation is not on file with Further at the time of your death, your legal spouse will be deemed your beneficiary. If you have no legal spouse, the funds will be paid to your estate.										
<input type="checkbox"/> <b>I wish to change my primary and secondary beneficiaries</b> as indicated below. If percentages are not indicated, then equal shares will apply. If a beneficiary dies before me, then percentages will be adjusted on a proportionate basis. I understand that I may change these designations at any time via the Online Member Service Center or in writing. NOTE: If you live in the states of AZ, CA, ID, LA, NV, NM, TX, WA, WI you need consent from your spouse to name a primary beneficiary other than, or in addition to, your spouse.										
Primary Beneficiary(ies)										
Name and Address			Social Security No.		Relationship		Date of Birth		Percent	
Contingent Beneficiary(ies)										
If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary (ies) listed below. PLEASE NOTE: Your primary beneficiary cannot be your contingent beneficiary.										
Name and Address			Social Security No.		Relationship		Date of Birth		Percent	
<b>SPOUSAL CONSENT - Complete this section if your spouse is not named as the primary beneficiary AND you live in the states of AZ, CA, ID, LA, NV, NM, TX, WA, WI.</b> As the spouse of the Account Holder named on this form, I hereby consent to the beneficiary(ies) designated on this form. I am waiving my right to be the beneficiary under this account.										
Spouse's Signature				Print Name				Date		
Witness: I, a Notary Public, witnessed the signing of the foregoing Consent of the Spouse.										
										(seal)
(Notary Public)										
Account Holder Signature										
If no designated beneficiary survives me, my undistributed interest shall be paid as provided in the terms and conditions for my account. I reserve the power to change, modify or revoke this designation in writing at any time before my death.										
HSA Account Holder Signature								Date		

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

**Submit online:**

Log into your account at  
[hellofurther.com](http://hellofurther.com)

**Send via secured email only:**

[further.documents@hellofurther.com](mailto:further.documents@hellofurther.com)

**Fax to:**

866-231-0214

**Mail to:**

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