



Instructions: Complete this form to update your address.

PLEASE NOTE that you can make this change online at HealthSavings.com.

If you are completing this as a paper form, mail or fax your completed form to:

HealthSavings Administrators

10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235 • **Fax:** 804.726.1570

Accountholder Information

First Name _____ Last Name _____ M.I. _____

Customer Verification (Social Security Number or Account Number Required)

Social Security Number _____ **OR** Account Number _____

Old Address

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

P.O. Box Address _____

P.O. Box City _____ P.O. Box State _____ P.O. Box ZIP Code _____

New Address

Preferred Mailing Address: Street Address P.O. Box

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

P.O. Box Address _____

Phone Number _____ Business Phone Number _____

Email _____

Signature (Required)

Date (mm/dd/yyyy)

This form will only change your information at FPS Trust. Remember to change your information with your health plan representative, investment advisor and/or broker.

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____