



Instructions: Complete this form to make fund exchanges or change the allocation of future contributions to your HSA.

PLEASE NOTE that you can make these changes online at [HealthSavings.com](http://HealthSavings.com).

By using this form you are limited to making changes to only four funds. You are not limited to four fund changes in your online account.

Forms cannot be accepted via email. Mailed or faxed forms received in our office by 2 p.m. ET will be processed the same business day.

Mail or fax 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. \_\_\_\_\_

Street Address \_\_\_\_\_ Apt / Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ OR Account Number \_\_\_\_\_

**Exchange Between Funds**

You may only choose from the 22 funds listed on the "Vanguard Funds List" section of our website. Use this section of the form to move money between mutual funds or between the mutual funds and the cash/debit card account.

I authorize HealthSavings Administrators to exchange funds within my health savings account as described below: (Indicate amount in either whole percentages OR dollars)

AMOUNT	EXISTING FUND	DESTINATION FUND
_____	From _____ (fund name)	To _____ (fund name)
_____	From _____ (fund name)	To _____ (fund name)
_____	From _____ (fund name)	To _____ (fund name)
_____	From _____ (fund name)	To _____ (fund name)
_____	From _____ (fund name)	To Cash/Debit Card

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**Change Allocations for Future Contributions to Your HSA**

Please indicate how you would like future contributions allocated. This only applies to future contributions and will not change current fund balances or transactions in process. Totals must add up to 100%. (Indicate amount in whole percentages.)

PERCENTAGE	FUND NAME	SYMBOL
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	Cash/Debit Card	_____
<b>TOTAL: 100%</b>		

I understand that I will be charged a quarterly fee of 6.25\* basis points per quarter (i.e, \$0.625 cents per \$1,000 every three months) with no cap. Mutual fund account maintenance fees will be deducted from the account balance each quarter.

\*Vanguard funds only

(Initial) \_\_\_\_\_

If you choose the Vanguard® account, the mutual fund investment option for your health savings account, please carefully consider each fund's investment objectives, risks, fees and expenses before investing. The funds' prospectuses, which should be read carefully before you invest or send money, contain this and other important information. The "Vanguard Funds List" section of our website contains links to the prospectuses and fact sheets for the funds. You may also obtain a prospectus by contacting a fund directly. Past fund performance is no guarantee of future results. The funds (i) are not bank deposits, nor insured by the FDIC, (ii) are not obligations of, endorsed by, or guaranteed by FPS Trust or any other bank or savings institution, (c) are not guaranteed by the federal government or any federal governmental agency, and (d) will fluctuate in value and may be sold for more or less than the amount invested.

Please note that investing in the Vanguard® funds is not a requirement and that investing in mutual funds involves risks. You may instead choose to invest in cash/debit card account. Accountholders are urged to carefully weigh the advantages and disadvantages of investing HSA funds in mutual funds versus holding them in a cash/debit card account. All health savings accounts, whether invested in a Vanguard® account or a cash/debit card account, are custodial accounts with FPS Trust serving as the custodian.

FPS Trust is not a registered investment advisor, nor is it acting in the capacity of a registered investment advisor with respect to the offering of FPS Trust Vanguard® accounts. Under no circumstances is FPS Trust or HealthSavings Administrators offering any of the mutual funds available for the HSA Vanguard® accounts, and neither FPS Trust nor HealthSavings Administrators is making any representations or warranties with respect to any of the available funds. FPS Trust and HealthSavings Administrators disclaim any and all liability, contingent or otherwise, for the performance of the available mutual funds. Please see your financial advisor for personal investment advice.

\_\_\_\_\_  
Accountholder Signature (Required)

\_\_\_\_\_  
Date (mm|dd|yyyy)

**FOR OFFICE USE ONLY**  
Sales Director \_\_\_\_\_  
Partner Code \_\_\_\_\_  
Case Number \_\_\_\_\_