



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.

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 4 p.m. ET will be entered and confirmed the same business day. Forms received after 4 p.m. ET, on a weekend or holiday, or forms containing transfers from the Cash Account, will be confirmed using the next market day's closing price. Please allow 3-4 business days for processing your request.

Mail or fax completed form to: **HealthSavings Administrators**
10800 Midlothian Turnpike, Suite 240 • Richmond, VA 23235
Fax: 804.726.1570

Account Holder Information

First Name _____ Last Name _____ M.I. _____
Street Address _____ Apt / Suite _____
City _____ State _____ ZIP Code _____
Social Security Number _____ - _____ - _____ **OR** Account Number _____

Exchange Between Funds — Transfer by Percent, Dollars or Units/Shares

Use this section of the form to move money between mutual funds or between the mutual funds and the cash/debit card account. You may only choose from the funds associated with your account. Please use whole numbers (i.e., no decimals or fractions) and be sure to indicate your Transfer Method (% , \$ or Units/Shares) by checking **one** of the boxes below.

I authorize *HealthSavings* to exchange funds within my health savings account as described below.

TRANSFER METHOD (Check one): Percentage(%) Dollars(\$)* Units/Shares

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

* If you plan to move 100% out of one or more fund(s) and into other(s), please do not use Transfer by Dollar. Instead, use Transfer by Percent or Transfer by Units/Shares. With Transfer by Dollar, you may move up to 95% of the available balance in each fund; however, 5% of the balance must remain in the fund to account for market fluctuations.

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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. Please use whole numbers (i.e., no decimals or fractions) and ensure that the sum of your allocations equals 100%.

PERCENTAGE	FUND NAME	TICKER
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	Cash/Debit Card	_____
TOTAL: 100%		

If you choose 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. 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, (iii) are not guaranteed by the federal government or any federal governmental agency, and (iv) will fluctuate in value and may be sold for more or less than the amount invested.

Please note that investing in mutual funds is not a requirement and that investing involves risks. You may instead choose to save in a cash/debit card account. Account holders 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 mutual fund account or a cash/debit card account, are custodial accounts with FPS Trust serving as the custodian. Any custodial fees will be accessed as defined in your account's fee schedule.

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 investment accounts. Under no circumstances is FPS Trust or *HealthSavings* offering any of the mutual funds available in the accounts, and neither FPS Trust nor *HealthSavings* is making any representations or warranties with respect to any of the available funds. FPS Trust and *HealthSavings* 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.

Account Holder Signature (Required)

____ / ____ / ____
Date (mm/dd/yyyy)