



TRANSFER OF ASSETS FORM

1. INFORMATION ABOUT YOUR HEALTH SAVINGS ACCOUNT

Mr. Ms. Mrs. Dr.

Please Transfer \$ _____

From my Sterling HSA Account into the qualified investment described below:

Name (Please Print Account Holder Name)

Sterling HSA Account Number: _____ Signature of Account Holder _____ Date _____

2. TRANSFER AUTHORIZATION AND SELECTION

Allocate my request to transfer assets in the following Investment Accounts as indicated. If a new account, please indicate "New Account" in the Account Number column.

	Fund Name	Fund Number	Amount To Be Allocated	Account #
1.	_____	_____	\$ _____	_____
2.	_____	_____	\$ _____	_____
3.	_____	_____	\$ _____	_____

- I certify that I have received and read the current prospectus for the fund(s) in which I am investing and agree to be bound by its terms. It is my responsibility to obtain and read the prospectus of any fund into which I transfer assets.
- I understand that neither the fund(s) in which I am investing, nor Sterling HSA, is a bank or credit union, and that the fund shares are not deposits, are not FDIC or NCUSIF insured, are not guaranteed by any bank or credit union, and involve investment risk, including the possible loss of principal.
- Sterling HSA has not rendered any investment advice or commented upon the advisability of any investment I make. I agree to indemnify and hold Sterling HSA harmless from any and all costs, obligations, losses, claims, damages, and expenses resulting from this transfer of assets.

X _____
Signature of HSA Account Holder Date

3. BROKER INFORMATION (TO BE COMPLETED BY STERLING HSA)

Name of Firm Representative's Name/ AE #

Home Office Address Branch Office Address

Broker's Telephone Number