



**DELAWAREsm
INVESTMENTS**

**Health Savings Account Investment Account
Registration & Transfer of Assets (TOA 1)**

**Information
About You
Section 1**

Name: _____ Date of Birth: _____
Address: _____ S.S.N: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Home Phone: _____

**Trustee Custodian of
Your HSA account
Section 2**

Name of Health Savings Account Trustee/ Custodian:
Home Federal Bank
500 12th Avenue South
Nampa, ID 83651
ABA # 324 170 140

Home Federal Bank Health Savings Account Number: _____

**Transfer Authorization
and Fund Selection
Section 3**

Please transfer \$ _____ to Delaware Investments and allocate in the following Investment Accounts as indicated. If a new account, please indicate "New Account" in the Account Number column. Please see the list of available fund names and numbers. Additional allocation percentages can be listed on reverse side.

Your Trustee/Custodian may require additional documentation such as a signature guarantee. Please check with them for their requirements.

Section 4

	Fund Name	Fund Number	%	Account #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

- 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 (their) terms. It is my responsibility to obtain and read the prospectus of any fund into which I exchange.
- I understand that neither the fund(s) in which I am investing, nor Delaware Distributors, L.P. 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.

X _____
(HSA Client Signature) Date

**SUMMIT
FINANCIAL**



Strategy for Life

Name of Firm: **Summit Financial Inc.**
Rep. Name: **Gregory A. Corrie**
Address: **671 E Riverpark Lane Suite 150 Boise, ID 83706**

Authorized Rep Signature: _____ Date: _____

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