



DELAWAREsm
INVESTMENTS

**Health Savings Account Investment Account
Registration & Transfer of Assets Redemption Form (TOA 2)**

Information About You Section 1
Name: _____ Date of Birth: _____
Address: _____ S.S.N: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Home Phone: _____
Fax Number: _____ E-mail: _____

Account Redemption Section 2
Delaware Account Number: _____ Amount Requested: _____
Signature of Shareholder: _____
Signature of Bank and Seal: _____

I authorize that the amount stated above is to be transferred from my account (number shown) to: Home Federal Bank ABA # 324 170 140

Participant's bank account #: _____

	Fund #	Account #	\$		Fund #	Account #	\$
Funds To Be Redeemed Section 3	1.	_____ / _____ / _____	_____		_____ / _____ / _____	_____	_____
	2.	_____ / _____ / _____	_____		_____ / _____ / _____	_____	_____
	3.	_____ / _____ / _____	_____		_____ / _____ / _____	_____	_____
	4.	_____ / _____ / _____	_____		_____ / _____ / _____	_____	_____

Total Amount Redeemed: \$ _____

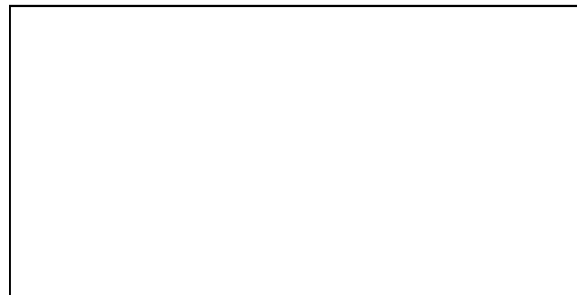
- The amounts listed in the "Total Amount Exchanged From" section and the "Total Amount Exchanged To" section must be equal.
- I certify that I have received and read the current prospectus for the fund(s) in which I am investing and agree to be bound by its (their) terms.
- It is my responsibility to 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 Shareholder Signature) Date

**SUMMIT
FINANCIAL**

Strategy for Life

Medallion
Guarantee
Stamp
Required to
Transfer
Account
to Another
HSA



Name of Firm: **Summit Financial Inc.**
Rep. Name: **Gregory A. Corrie**
Address: **671 E Riverpark Lane Ste 150 Boise, ID 83706**
(208)344-8802 office (208)344-7980 fax

Authorized Rep Signature: _____ Date: _____