

# 403(b)(7) ACCOUNT

## APPLICATION & AGREEMENT

**Edward Jones**<sup>®</sup>  
MAKING SENSE OF INVESTING<sup>™</sup>

 **aspire**  
Smart Retirement Solutions

4010 Boy Scout Blvd., Suite 450  
Tampa, Florida 33607  
[www.aspireonline.com](http://www.aspireonline.com)

# 403(b)(7) ACCOUNT APPLICATION CHECKLIST

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To establish a new participant account, it is important to adhere to the procedures listed below:

**403(b)(7) Account Application and Agreement**

**STEP 1**

**Participant Information:** ALL information is REQUIRED. Please include a valid email address to which Aspire can send important account information.

**STEP 2**

**Beneficiary Designation:** Please indicate who will receive the value of your retirement account should you die. If your Spouse is not your primary beneficiary, please have your Spouse sign in the designated area and have the form notarized. If you do not name a beneficiary, your estate is the beneficiary, which could lead to additional taxation and accelerated distributions.

**STEP 3**

**Account Investment Election Form:** Your Investment Choices: Include the ticker symbol, fund name, and allocation percentages. Your Edward Jones Financial Advisor will discuss with you the appropriate funds and share class choices.

**Note:** The complete Edward Jones Available List is available from your Edward Jones Financial Advisor. The Edward Jones Available List is available on Jones Link/Aspire. Only funds available on this list will be accepted.

**STEP 4**

**Appointment of Financial Advisor:** Please complete this section to appoint your Edward Jones Financial Advisor. Please read and acknowledge the permissions you give your Financial Advisor.

**STEP 5**

**Participant Agreement:** Please read and acknowledge the account agreement and fee disclosure.

**FAX (preferred):**

Attn: Enrollment Department  
813.466.7523

**Email:**

403b457services@aspireonline.com

**Regular Mail or Overnight Delivery:**

**Aspire Financial Services**

Attn: Enrollment Department  
4010 Boy Scout Blvd.  
Suite 450  
Tampa, FL 33607

Please review the above before you submit your account application.

Thank you,

Aspire Financial Services, LLC

# 403(b)(7) Account Application and Agreement

## CUSTODIAL ACCOUNT



<input type="text"/>	<b>Plan ID is required.</b> If you do not know your plan ID, call Client Services at 866.634.5873.
Plan ID #	

**USA PATRIOT Act requirements:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we need to capture certain information that allows us to verify your identity. The following information needs to be provided on this application for all individuals who will be the registered owner or co-owner of an account, acting pursuant to a Power of Attorney or will be signing on behalf of a legal entity that will own the account.

### STEP 1 PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

-          
Social Security Number

-        
Date of Birth (month | day | year)

-        
Date of Hire (month | day | year)

Home/Legal Street Address (P.O. Boxes **not** accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (P.O. Boxes accepted) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

Email Address\* \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ If known by another name please specify \_\_\_\_\_

Driver's License  Passport  State ID  
ID Number \_\_\_\_\_ Place of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Country(ies) of Citizenship (must list all) \_\_\_\_\_ Country of Legal Residence \_\_\_\_\_

Marital Status:  Single  Married  Divorced Number of Dependents: # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Employer Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* By providing an e-mail address, Participant represents and warrants that he/she has the ability to receive and consents to the electronic delivery of all investment-related and Account-related information and notices at the provided e-mail address. Electronic delivery may include, but is not limited to, e-mailed copies of, or internet links to, documents in PDF format. Investment-related and Account-related information and notice may include, but is not limited to, fund prospectuses, tax notices, account statements, confirmations of statements, Account access passwords, etc. Participant's consent will be in effect until revoked. Participant may request no-cost written copies of any electronically delivered documents and/or may revoke his/her consent to electronic delivery by contacting Aspire.

**Fax** this form to 813.466.7523 or **mail** to: Aspire, 4010 Boy Scout Blvd., Suite 450, Tampa, FL 33607.

**Questions?** Call Client Services at 866.543.0760, M - F, 8am - 8pm EST.

**STEP 2** BENEFICIARY DESIGNATION

**If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information. If the Participant is married and designates someone other than his/her spouse as Primary Beneficiary, the notarized signature of the Participant's spouse is required.** I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

-   -     (Must be completed)  
 Date (month | day | year)

Primary  Contingent
   
 \_\_\_\_\_  
 Beneficiary's Name (first, middle, last) or Entity Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Daytime Telephone Number Evening Telephone Number Email Address

-        
  
 Social Security Number Date of Birth (month | day | year) Percentage Share Relationship to Participant

Primary  Contingent
   
 \_\_\_\_\_  
 Beneficiary's Name (first, middle, last) or Entity Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Daytime Telephone Number Evening Telephone Number Email Address

-        
  
 Social Security Number Date of Birth (month | day | year) Percentage Share Relationship to Participant

Participant understands that, if no beneficiary survives the Participant, the Participant's estate will be the sole beneficiary for the Account. Participant understands that, if Participant fails to indicate share percentages, all benefits will be divided equally among the primary beneficiaries (or contingent beneficiaries, if no primary beneficiary remains). Participant understands that the Participant may change or revoke this designation at any time by completing a new Beneficiary Designation form during the Participant's lifetime with Aspire. It will become effective when Aspire receives it. Completion of this form will revoke any prior beneficiary designations made for the account.

If Participant does not designate his/her spouse as the sole Primary Beneficiary, Participant represents and warrants that the Participant's spouse has consented to such designation.

**Spousal Waiver:** By signing below, the spouse of the Participant acknowledges (1) that he/she is the spouse of the Participant; (2) that he/she has received a fair and reasonable disclosure of the Participant's property and financial obligations; (3) that he/she has been advised to see a tax Advisor due to the important financial and tax consequences of giving up his/her interest in the Account; and (4) that neither Aspire nor the custodian of the Account has provided the Participant's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Participant hereby gives the Participant any interest the spouse has in the assets of the Account; consents to the beneficiary designations indicated above; and assumes full responsibility for any adverse consequences that may result.

\_\_\_\_\_  
 Spouse Name

-        
  
 Spouse Signature Date (month | day | year)

**Notary Signature**

\_\_\_\_\_  
 Notary Name

-        
  
 Commission Expiration Date (month | day | year)

\_\_\_\_\_  
 County State

Notary Signature

-        
  
 Signed before me Date (month | day | year)

\_\_\_\_\_  
 Notary Seal

**STEP 3 ACCOUNT INVESTMENT ELECTION**

Do you want to have your account automatically rebalanced?

- No**    **Yes** (This feature, automatically rebalances the investments in your account to maintain the asset allocation percentages that you elect. The frequency of this feature is annual on or about 6/20.)

The Participant authorizes and instructs Aspire to invest contributions and/or rollovers to the Account as designated or as provided by an appointed Financial Advisor. Participant acknowledges and agrees that Aspire does not and has not provided any recommendations or advice regarding the selection or suitability of any investment, Financial Advisor, or other service provider.

Participant represents and warrants (1) that Participant has received and read the prospectuses and information about all investment selections; (2) that Participant understands that Participant is placing a buy order either directly or through an appointed third party, instructing Aspire to purchase shares on Participant's behalf upon receipt of account funding; (3) that Participant understands that the investment products purchased or sold in a transaction through Aspire are not insured by the FDIC, are not deposits or other obligations of Aspire, and are not guaranteed by Aspire or the custodian; (4) that Participant understands that the investment products purchased through Aspire are subject to investment risks, including possible loss of the principal invested; and (5) that Participant is solely and exclusively responsible for the elections made on this form, including but not limited to elections regarding investments and services.

**NOTE:** Investment choices must be from the Edward Jones Available List. You agree to login into your account and review the account information and investment election information completed by Aspire and notify us immediately of any errors or issues related to the account opening. If not notified within fourteen (14) days of account opening Aspire shall have no obligations to pay any amounts necessary to correct an error or issue later discovered.

**YOUR INVESTMENT CHOICES**

**(NOTE:** For investments with a front-end sales charge that you wish to be purchased at NAV, you **MUST** check the LW box to waive the sales charge, as allowed by the fund family)

Please ensure that you complete this section in full and your investment selections equal 100%.

Ticker Symbol	Investment Name	LW	Allocation %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<b>Your total must equal 100%</b>		<b>TOTAL</b>	<input type="text"/>

**STEP 4 APPOINTMENT OF FINANCIAL ADVISOR**

Participant chooses to appoint a Financial Advisor to the account established under this 403(b)(7) Application & Agreement Form. If this section is not completed the Participant has chosen to self direct the account established under this 403(b)(7) Application & Agreement Form.

**PARTICIPANT AUTHORIZATION**

By granting a Financial Advisor Account Access below, Participant acknowledges and agrees that Financial Advisor acts as agent of the Participant with regard to the Account; that the Financial Advisor will be bound by all terms that govern the Account; and that neither Aspire nor its agents assumes any responsibility for reviewing or monitoring the activity of the Financial Advisor with regard to the Account.

Participant designates the Financial Advisor listed below at act as the Participant’s Financial Advisor to exercise all rights and powers set forth herein with respect to the Account(s). Participant may revoke this authorization by notifying Aspire in writing, but such notification will not affect the participant’s responsibility for any actions of the Financial Advisor prior to Aspire’s receipt and processing of the Notification. Participant, authorizes Aspire, to pay the Financial Advisor from assets held in the account registered in the Participant’s name any fees/commissions (“compensation”) due to the Financial Advisor. Payment of compensation will be billed quarterly in arrears. Compensation shall be determined based on the value of the assets held in the account registered in the Participant’s name at the end of each quarter. This authorization will remain in full force and effect until Aspire shall have received from the Participant written notice of its revocation signed by the Participant. The authorization shall extend to the benefit of Aspire’s successors and assigns.

**POWERS PARTICIPANT GRANTS FINANCIAL ADVISOR**

**Account Access:** Participant appoints the Financial Advisor and firm designated below as the Financial Advisor for the Account. Participant grants the Financial Advisor access to the records of the Account and directs Aspire to provide the Financial Advisor with access to these records. Participant acknowledges and agrees that Participant remains solely and exclusively responsible for directing the investment of the Account and that this grant of Account Access does not authorize the Financial Advisor to direct investment of the Account or exercise any discretionary authority over the Account. Further, this grant of Account Access does not authorize the Financial Advisor to transfer, withdraw, or disburse money or assets from the Account except in connection with the assessment of applicable fees.

**FINANCIAL ADVISOR INFORMATION (This section to be completed by Financial Advisor)**

The Financial Advisor listed below is acting as a Registered Representative, compensated by commissions and applicable sales charges as paid by the mutual fund companies in which the Participant is invested.

Contact information MUST be completed in order for the Financial Advisor to be compensated.

Financial Advisor Name and Title  
Edward Jones

Company Name  
\_\_\_\_\_

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email (must be included)  
\_\_\_\_\_

Branch Number ID \_\_\_\_\_ Rep ID \_\_\_\_\_

## FINANCIAL ADVISOR PAYMENT INFORMATION

### Registered Representative

Compensated by commissions and applicable sales charges as paid by the investment companies in which the Participant is invested. Please verify with your Broker/Dealer that all necessary selling agreements are executed and in good order. If selling agreements are not in place or not executed properly, Registered Representatives will NOT receive compensation on Aspire accounts. **NOTE:** Payments are contingent on investment companies' commission and payment schedule. Aspire will remit payments within 60 days of receipt of monies from investment companies.

Financial Advisors must contact Aspire's Client Services Department at 866.543.0760 immediately if payment is not received within 90 days. If not notified within 90 business days of a scheduled payment date, Aspire will have no obligation to pay amounts necessary to correct an error or issue later discovered.

## FINANCIAL ADVISOR SIGNATURE

By signing below, this Financial Advisor represents and warrants that he/she is authorized by his/her Investment Firm and/or Broker Dealer to enter into this agreement, act as the appointed Financial Advisor for this retirement account, and receive compensation. Further, Financial Advisor represents and warrants that he/she will comply with all solicitation directives of the employer that sponsors the applicable plan, that he/she holds all appropriate federal and/or state insurance and/or securities licenses and any applicable state permits/registrations required for providing the applicable services to the Participant, and that his/her services are covered under an errors and omissions insurance policy of at least one million dollars. Financial Advisor agrees to notify Aspire of any changes with regard to these representations and warranties. If Aspire becomes aware of any breach of these representations or warranties, or if Aspire receives instructions from the employer that sponsors the applicable plan to do so, Aspire may terminate Financial Advisor's access to the Account and the payment of any compensation from or related to the Account. In the event of such termination, Financial Advisor shall be responsible for notifying the Participant of such termination and for taking any necessary steps to cure the breach and/or resolve any matters with the plan sponsoring employer. Financial Advisor and his/her Investment Firm/Broker Dealer agree to indemnify and hold harmless Aspire and Aspire's directors, officers, employees, agents, successors, and assigns from all liabilities and costs, including attorneys' fees, incurred by reliance on the statements included in this Appointment of Financial Advisor form.

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Financial Advisor Signature

-  -

Date (month | day | year)

**STEP 5 PARTICIPANT AGREEMENT**

Participant represents and warrants that he/she has received, read, and is in agreement with all terms in this 403(b)(7) Application & Agreement Form, including the terms in the Aspire Terms and Conditions (including arbitration provisions), the 403(b)(7) Custodial Account Agreement (including arbitration policies), Aspire's privacy policy, and any applicable addendums to the Participant Agreement, all of which are incorporated by reference into this Participant Agreement. Participant agrees to be bound by the terms of this Participant Agreement (including the terms of incorporated documents), which may be changed, from time to time, upon notice from Aspire.

Participant appoints MG Trust Company as custodian for the 403(b)(7) established by this 403(b)(7) Application & Agreement Form and authorizes MG Trust Company (including its agents) to perform relevant custodial and administrative services. Participant appoints Aspire Financial Services, LLC (including its agents) as recordkeeper of the 403(b)(7) established by this 403(b)(7) Application & Agreement Form and authorizes Aspire to perform relevant recordkeeping and administrative services.

Participant understands and agrees that Aspire Financial Services, LLC may provide online access to the Account through the issuance of user names and passwords to Participant and other persons Participant authorizes to access the Account (e.g., a Financial Advisor, etc.). Further, Aspire may provide user names and passwords to Plan Administrators and/or other authorized persons/entities. Participant understands and agrees that persons/entities to which user names and passwords are issued are solely responsible for the security of the user name and password issued to him/her/it. Aspire shall be entitled to rely on the entry of a user name and password into Aspire's systems as confirmation of the identity of the person/entity to whom the user name and password were issued.

Participant understands and agrees that Aspire Financial Services, LLC may provide telephone access to the Account, but will use reasonable procedures to verify the identity of the Participant or other authorized person when servicing an account by telephone.

Participant understands and agrees that it is his/her exclusive responsibility to monitor the activity on the Account and to immediately report to Aspire any unauthorized access or transactions. Aspire retains the right to, but shall have no obligation to, monitor activity and transactions on the account.

Participant understands and agrees that certain annual fees will apply to the Account. These fees will include an Annual Maintenance Fee of \$40.00 and an Annual Custody and Administration fee of 0.15% of the value of the Account. These fees will be assessed on a monthly or quarterly billing cycle and will be assessed, *pro rata*, from the assets in the Account. Participant understands and agrees that these fees may change, from time to time, upon notice from Aspire.

Certain plans and employers may have elected to utilize a Third-Party Administrator (TPA) for performing administrative services. These TPAs charge various fees for their services, and those amounts which fall under a pre-defined coverage limit of \$20 annually are paid by Aspire. If applicable, any fees or charges that go over and above the pre-defined coverage limit of \$20 annually will be listed as a separate line item fee, delineated as a TPA administration fee and deducted from your account.

Participant understands and agrees that certain transaction fees will apply to the Account. These fees will include a Transfer-Out Fee of \$75.00, a Loan Application Fee of \$100.00, and a Distribution Fee of \$75.00. Recurring, scheduled distributions (e.g., installment payments) are subject to a Distribution Fee of \$10.00 per distribution after the \$75.00 Distribution Fee is applied to the first scheduled distribution. Additional fees for processing domestic relation orders may apply. These fees will be assessed when applicable request is processed and will be assessed, *pro rata*, from the assets in the Account. Participant understands and agrees that these fees may change, from time to time, upon notice from Aspire.

To the extent that any applicable law or regulation limits any of the fees applicable to this Account to amounts lower than those stated, the amount of the applicable fee shall be reduced to the maximum amount allowed under applicable law or regulation.

To the extent that Participant has appointed a Financial Advisor to be paid on a percentage basis in Step 4 of this 403(b)(7) Application & Agreement Form, the Participant understands and agrees that the compensation set forth will be assessed on a quarterly or monthly billing cycle and will be assessed, *pro rata*, from the assets in the Account.

Participant authorized and instructs Aspire to assess the above-referenced fees (and any other fees Participant may later agree to have assessed against the account) against the account registered in the Participant's name established under this 403(b)(7) Application & Agreement Form.

Participant understands and agrees that, if the Internal Revenue Service has notified Participant that he/she is currently subject to backup withholding because Participant has failed to report all interest and dividends on his/her tax return, Participant must cross out item 2 in the certification below. By signing below, under penalty of perjury, Participant certifies that:

1. The number shown on this form is the Participant's correct taxpayer identification number (or Participant is waiting for a number to be issued to him/her), and
2. Participant is not subject to backup withholding because: (a) Participant is exempt from backup withholding, or (b) Participant has not been notified by the Internal Revenue Service ("IRS") that he/she is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified Participant that he/she is no longer subject to backup withholding, and
3. Participant is a U.S. citizen or U.S. resident alien.

Participant Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Social Security Number

▶

Participant Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date (month | day | year)



# Aspire Terms & Conditions

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## **Section 1: Scope of Agreement**

Your agreement with Aspire Financial Services, LLC (“Aspire”) consists of the terms set forth in the 403(b) Application & Agreement Form. In addition, you may, in the future, receive from Aspire, supplemental terms and disclosures which shall also be a part of the agreement between you and Aspire (Collectively, the “Agreement and Disclosures”). You agree to read the Agreement and Disclosures carefully and to retain copies for your records.

## **Section 2: Acceptance of Agreement and Disclosures**

You agree that the Agreement and Disclosures govern all aspects of your relationship with Aspire, including all transactions between Aspire and you and all products and services now or in the future offered through Aspire. Aspire may rely on your use of Aspire’s products and services as evidence of your continued acceptance of the Agreement and Disclosures.

## **Section 3: Your Representations and Warranties**

You represent and warrant that: (a) you are of legal age in the state in which you live and you are authorized to enter into this Agreement; (b) you have supplied accurate information in your Account Application; (c) if you are married, live in a state with community-property laws and have designated someone other than your spouse as the sole beneficiary to this Account, you have obtained the consent of your spouse to such designation; (d) no additional authorizations from third parties are required for you to open the Account and effect transactions therein; (e) except as you have otherwise indicated on your Account Application or in writing to us, (i) you are not an employee of or affiliated with any securities exchange or member firm of any exchange, the Financial Industry Regulatory Authority (FINRA), or any securities firm, bank, trust company or insurance company and (ii) you are not a director, 10% beneficial shareholder, policymaking officer or otherwise an “affiliate” (as defined in Rule 144 under the Securities Act of 1933) of a publicly traded company and (f) this Application Agreement, as amended from time to time, is a legal, valid and binding obligation, enforceable against you in accordance with its terms.

## **Section 4: Account Handling**

The Designated Custodian (“The Custodian”) will automatically hold all of your securities purchased, sales proceeds, dividends and interest. The Custodian will also release your name, address and securities positions to authorized agencies and entities, including companies in which we hold securities for your Account, upon request, unless you notify us otherwise in writing.

## **Section 5: Responsibility for Investment Decisions**

You agree that you and any agent under a power of attorney or Investment Advisor (if you have one) are solely responsible for investment decisions in your Account, including whether to buy or sell a particular security. Unless required by law, you understand that Aspire has no obligation to determine whether a particular transaction, strategy or purchase or sale of a security is suitable for you. Your obligation includes an affirmative duty to monitor and stay informed about your Account and your investments and respond to changes as you deem appropriate. Unless Aspire otherwise agrees with you in writing, Aspire does not have any discretionary authority or obligation to review or make recommendations for the investment of securities or cash in your Account. You acknowledge that Aspire does not provide tax or legal advice.

## **Section 6: Liquidations**

Whenever it is necessary for our protection or to satisfy a debit or other obligation owed us, we may (but are not required to) sell, assign and deliver all or any part of the property securing your obligations, or close any or all transactions in your Account or restrict activity in your Account. We may choose which property to buy or sell, which transactions to close and the sequence and timing of liquidation. We may take such actions on whatever exchange or market and in whatever manner (including public auction or private sale) that we choose in the exercise of our business judgment. You agree not to hold us liable for the choice of which property to buy or sell or of which transactions to close or for timing or manner of liquidation or any tax consequences from such actions. All of the above may be done without demand or notice of purchase, sale, transfer or cancellation to you. No demand or notice shall impose on Aspire any obligation to make such demand or provide such notice to you in the future. Any such notice or demand is hereby expressly waived, and no specific demand or notice shall invalidate this waiver.

## **Section 7: Verification**

You authorize Aspire to inquire from any source, including a consumer reporting agency, as to the identity (as required by law), creditworthiness and ongoing eligibility for the Account of the Participants, any other person referred to on this Application, or any person whom Aspire is later notified is associated with or has an interest in the account (as well as such persons’ spouses if they live in a community-property jurisdiction) at account opening, at any time throughout the life of the Account, and thereafter for debt collection or investigative purposes.

## **Section 8: Application of Law**

What Law Applies: This Agreement is subject to all applicable federal and state laws and regulations and any mutually agreed-upon arbitration agreements. If it is necessary to apply any state law to interpret and administer this Agreement, the law of our domicile shall govern. If any part of this Agreement is held to be illegal or invalid, the remaining parts shall not be affected. Neither your nor our failure to enforce at any time or for any period of time any of the provisions of this Agreement shall be construed as a waiver of such provisions, or your right or our right thereafter to enforce each and every such provision.

## **Section 9: Electronic Copies**

The electronically stored copy of your (or your agent’s) signature, any written instructions or authorizations, the Account Application and the Agreement and Disclosures is considered to be the true, complete, valid, authentic and enforceable record, admissible in judicial, administrative

**Fax** this form to 813.466.7523 or **mail** to: Aspire, 4010 Boy Scout Blvd., Suite 450, Tampa, FL 33607.

**Questions?** Call Client Services at 866.543.0760, M - F, 8am - 8pm EST.

or arbitration proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. You agree to not contest the admissibility or enforceability of Aspire's electronically stored copy of such documents in any proceeding between you and Aspire.

**Section 10: Allocation of Contributions**

You may place your contributions in one fund or in any combination of funds, although your employer may place restrictions on investment in certain funds. Do not use fixed dollar amounts.

**Section 11: Compliance with Plan Document and/or the Code**

I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirements of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted, under applicable account and plan types. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Section 12: Account Corrections**

I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 day period, account information shall be deemed accurate and acceptable to me. If I notify Aspire of an error after this 90 day period, the correction will be only processed from the date of notification forward and not on a retroactive basis.

**Section 13: Provider Compensation**

Aspire receives compensation from certain funds or their affiliates and other investment providers in consideration for services that Aspire provides including but not limited to 1) participant statements 2) maintaining participant level fund accounting 3) transmitting and recording purchase and redemption instructions for such investments 4) transaction settlement 5) prospectus and fact sheet delivery and 6) participant call center services. This compensation is paid directly to Aspire by the funds or investment provider, their affiliates, or services provider pursuant to a service agreement between Aspire and one or more such parties, and the Employer is not responsible for payment of this compensation. The compensation paid to Aspire is based either on a percentage of the average daily net asset value or each investment or on a set fee per each investment option in which a participant invests. Asset-based compensation can range from 0.00% to 0.25% annually on average assets, while investments paying a set fee can range from \$10 to \$12 annually per participant account. The fees received by Aspire may be used to offset the fees that would otherwise be charged to the Plan or Account, dependent upon plan type.

**Section 14: Administrative Fees**

Certain plan types require administrative services and employers may choose to utilize a Third-Party Administrator (TPA). These TPA charge various fees for their services, and those amounts which fall under a pre-defined coverage limit are paid by Aspire. If applicable, any fees or charges that go over and above the pre-defined coverage limit will be listed as a separate line-item fee, delineated as an administration fee.