



TRADITIONAL IRA APPLICATION & AGREEMENT

CUSTODIAN - AdvisorTrust, Inc.
(Sub-custodian - Matrix Trust Company)

Traditional IRA Account Application and Agreement

Use this form to establish one of the following IRA accounts with Aspire.

Important information about procedures for opening a new account: 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 an Account Holder: When an Account Holder opens an account, Aspire requests the Account Holder's name, address, date of birth and other information that will allow Aspire to identify the Account Holder. In some circumstances, Aspire may also request a copy of the Account Holder's driver's license and/or other identifying documents.

Traditional IRA Inherited IRA

STEP 1 ACCOUNT HOLDER INFORMATION

First Name _____		Last Name _____		M.I. _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
Social Security Number		Date of Birth (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 _____		
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State ID		
ID Number _____		Place of Issuance _____	Expiration Date _____	
Country(ies) of Citizenship (must list all) _____		Country of Legal Residence _____		

* By providing an e-mail address, Account Holder 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. Account Holder's consent will be in effect until revoked. Account Holder may request no-cost written copies of any electronically delivered documents and/or may revoke his/her consent to electronic delivery by contacting Aspire.

STEP 2 INHERITED OR BENEFICIARY IRA ONLY

The following data is needed:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Deceased's Name	Deceased's SSN	Deceased's Date of Birth
<input type="text"/>	<input type="text"/>	
Relationship to Deceased	Deceased's Date of Death	

Had the deceased reached the Required Beginning Date for Required Minimum Distributions prior to death? Yes No

If yes, was the full amount of the Required Minimum Distribution for the current year distributed prior to this transfer to your IRA? Yes No

Method of Distribution elected: Life Expectancy 5 Year Method

Please be sure to submit a completed IRA Distribution Packet to Aspire to establish distributions from your IRA in accordance with the method selected. A copy of the death certificate must accompany this IRA Application and Agreement.

Upload this form through the form submission tool at www.aspireonline.com/resources/forms-submission-tool or Email: IRAServices@PCSRetirement.com Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

STEP 3 BENEFICIARY DESIGNATION

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information.
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 of Birth (month | day | year)

<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent	
Beneficiary's Name (first, middle, last) or Entity Name			
Address			
City		State	Zip
Daytime Telephone Number	Evening Telephone Number	Email Address	
<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"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage Share	Relationship to Participant
Social Security Number		Date of Birth (month day year)	

<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent	
Beneficiary's Name (first, middle, last) or Entity Name			
Address			
City		State	Zip
Daytime Telephone Number	Evening Telephone Number	Email Address	
<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"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage Share	Relationship to Participant
Social Security Number		Date of Birth (month day year)	

Account Holder understands that, if no beneficiary survives him or her, the Account Holder's estate will be the sole beneficiary for the Account. Account Holder understands that, if Account Holder fails to indicate share percentages, all benefits will be divided equally among the primary beneficiaries (or contingent beneficiaries, if no primary beneficiary remains).

Account Holder understands that he/she may change or revoke this designation at any time by completing a new Beneficiary Designation form during his/her lifetime with Aspire. It will become effective when Aspire receives it. Completion of this form will revoke any prior beneficiary designations made for the IRA account.

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

Spousal Waiver: By signing below, the spouse of the Account Holder acknowledges (1) that he/she is the spouse of the Account Holder; (2) that he/she has received a fair and reasonable disclosure of the Account Holder's property and financial obligations; (3) that he/she has been advised to see a tax professional 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 Account Holder's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Account Holder hereby gives the Account Holder 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 _____

 Participant Signature

- -
 Date (month | day | year)

Notary Signature _____
 Notary Name _____
 County _____ State _____

- -
 Commission Expiration Date (month | day | year)

Notary Signature

Notary Seal

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

STEP 4 FUNDING YOUR ACCOUNT

Select either A, B, C, or D. If Account Holder wishes to elect more than one funding option, please call Client Services at 866.634.5873.

- A. ACH Debit:** You may elect to send money from your bank account to fund your IRA by selecting this option. New ACH debits may take up to one month after receipt, due to processing time. Recurring amounts will be initiated on or about the 15th of every month. **If you select this ACH Debit option, you must complete Step 5 - ACH Submission Instructions and Authorization.** Once your account is established, you may also make and update ACH debit elections online.
- B. Check or money order:** Make payable to Matrix Trust Company, Reference on check memo line, "TPA000388, FBO Account Holder Name," and mail to Matrix Trust (DEN), Attn: TPA000388, PO Box 3595, New York, NY 10008-3595.
CONTRIBUTION YEAR
- C. Direct rollover or conversion from an Aspire qualified retirement plan (e.g., Aspire 401(k), 403(b)(7) to an Aspire IRA).** Complete and attach the appropriate Aspire distribution form for your Aspire plan.
- D. Transfer of Account.** Complete and attach an Aspire Exchange/Transfer/Rollover Request Form - Matrix Trust (available at: <https://www.aspireonline.com/resources/forms-documents-library>). Additional procedures and documentation may be required by the prior Employer or Plan Administrator.

STEP 5 ACH SUBMISSION INSTRUCTIONS & AUTHORIZATION

Complete this Step 5 if you selected option A in Step 4. Otherwise, skip to Step 6.

Amount to be debited each month: \$ _____.

ACH - Attach Deposit Slip for Account from which the ACH will be debited. Account Holder acknowledges and agrees that: for all ACH contributions, the year in which the ACH amount was processed will be the contribution year; it may not be retroactive. For the 1st ACH debit, processing time can take up to one month after receipt of the request. Once started, the ACH debit will occur on or about the 15th of each month.

Name _____	
Pay to the order of _____ \$ _____	
ACH: Attach void check for Account from which the ACH will be debited Here.	
Routing _____	Account _____

11234567891	12233582492	DO NOT INCLUDE CHECK NUMBER
Routing Number	Account	
Pay to the order of _____ \$ _____		
11234567891 12233582492 0001		

FOR AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATIONS ONLY

Indicated below is the depository financial institution for the account from which the ACH will be debited. Account Holder acknowledges that the origination of ACH transactions to the IRA account must comply with the provisions of U.S. law.

Bank Name _____	Branch _____
Address _____	
City _____	State _____ Zip _____
<input type="text"/> Account Holder Signature to Authorize ACH Withdrawal	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date (month day year)

Upload this form through the form submission tool at www.aspireonline.com/resources/forms-submission-tool or Email: IRAServices@PCSRetirement.com Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

STEP 6 APPOINTMENT OF FINANCIAL PROFESSIONAL

I will self-direct I choose to appoint a Financial Professional

Complete to appoint a Financial Professional to the account indicated on the IRA Account Application and Agreement. If you do not complete, you are choosing to make your own investment choices, i.e., to self-direct your IRA. Continue to Step 7: Account Investment Election Form, Option 1.

By granting a Financial Professional Account Access or Account Access and Limited Trading Authority below, Account Holder acknowledges and agrees that Financial Professional acts as agent of the Account Holder with regard to the Account; that the Financial Professional 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 Professional with regard to the Account.

Account Holder designates the Financial Professional listed below to act as the Account Holder's Financial Professional and to exercise all rights and powers set forth herein with respect to the Account(s). Account Holder may revoke this authorization by notifying Aspire in writing, but such notification will not affect the Account Holder's responsibility for any actions of the Financial Professional prior to Aspire's receipt and processing of the Notification. To the extent set forth below, Account Holder authorizes Aspire to assess and remit payment to the Financial Professional. This authorization will remain in full force and effect until Aspire receives written notice of its revocation signed by Account Holder. The authorization shall extend to the benefit of Aspire's successors and assigns.

To the extent that the Financial Professional's broker-dealer or advisory firm directs Aspire to remove and/or replace the Financial Professional as the designated Financial Professional of the Account, Account Holder authorizes Aspire to act on such direction.

POWERS ACCOUNT HOLDER GRANTS FINANCIAL PROFESSIONAL (Please Check One)

- Account Access:** Account Holder appoints the Financial Professional and firm designated below as the Financial Professional for the Account. Account Holder grants the Financial Professional access to the records of the Account and directs Aspire to provide the Financial Professional with access to these records. Account Holder acknowledges and agrees that Account Holder remains solely and exclusively responsible for directing the investment of the Account and that this grant of Account Access does not authorize the Financial Professional 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 Professional to transfer, withdraw, or disburse money or assets from the Account except in connection with the assessment of applicable fees.
- Account Access and Limited Trading Authority:** Account Holder appoints the Financial Professional and firm designated below as the Financial Professional for the Account. Account Holder grants the Financial Professional access to the records of the Account and directs Aspire to provide the Financial Professional with access to these records. Further, Account Holder authorizes the Financial Professional to direct investment of the Account and directs Aspire to act on instructions of the Financial Professional without further approval or direction from Account Holder. This grant of Account Access and Limited Trading Authority does not authorize the Financial Professional to transfer, withdraw, or disburse money or assets from the account except in connection with the assessment of applicable fees.

FINANCIAL PROFESSIONAL CONTACT INFORMATION

Financial Professional Name and Title

Company

Address 1

Address 2

City _____ State _____ Zip _____

Telephone Number _____ Ext. _____ Fax _____

Email _____ Website _____

NOTE: The additional information below is required ONLY if the compensation is to be paid to the Broker Dealer. If compensation is to be paid to an RIA firm, make sure the RIA firm name is listed as the Company Name above, and do not complete the information below.

Broker Dealer Name _____ Broker Dealer Number (NSCC Code) _____

Branch Number ID (if applicable) _____ Rep ID (if applicable) _____

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Email: IRAServices@PCSRetirement.com Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

STEP 7 ACCOUNT INVESTMENT ELECTION

Be sure to read carefully the prospectuses for any mutual funds in which you elect to invest. Prospectuses are available from the fund family.

You may elect to have your account automatically rebalanced. This means that the investments in your account will automatically be rebalanced to maintain the asset allocation percentages that you elect.

Do you want to have your account automatically rebalanced? Yes No

- Annual Rebalance Annual (on or about 12/15)
- Quarterly Rebalance Quarterly (on or about 3/15, 6/15, 9/15 and 12/15)
- Semi-Annual Rebalance Semi-Annual (on or about 6/15 and 12/15)

Choose option 1 or 2.

OPTION 1 YOUR INVESTMENT CHOICES

Select this option if you are making your own investment selections. Include the ticker symbol, investment name and allocation percentage. The allocations must total 100%.

Ticker Symbol	Investment Name	Allocation %
Your total must equal		
	100%	TOTAL

OPTION 2 INVESTMENT MODEL PORTFOLIO SELECTED BY INVESTMENT STRATEGIST/THIRD PARTY MONEY MANAGER (“INVESTMENT STRATEGIST”)

Select this option if you have elected to invest through use of a model portfolio provided by Investment Strategists who is on the Aspire platform. Additional fees may apply.

Note: You must be working with a Financial Professional to choose this option. Please consult with your Financial Professional before selecting an Investment Strategist.

Important: The portfolio description and allocation percentage for the model named below as well as the terms of the compensation agreement must be conveyed through separate correspondence from the Investment Strategist.

Investment Strategist Name:

Model Portfolio Name:

Aspire does not endorse or recommend the services of any Investment Strategist.

Upload this form through the form submission tool at www.aspireonline.com/resources/forms-submission-tool or **Email:** IRAServices@PCSRetirement.com **Questions?** Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

STEP 8 FINANCIAL PROFESSIONAL & INVESTMENT STRATEGIST PAYMENT INFORMATION

FINANCIAL PROFESSIONAL INFORMATION (This section to be completed by Financial Professional)

I am/we are acting as a (select only one):

Registered Investment Advisor

Choose only one option:		Financial Professional (annual fee)	Investment Strategist (annual fee)
<input type="checkbox"/>	Financial Professional Fee Only (no Investment Strategist Fee)	_____ %	N/A
<input type="checkbox"/>	Financial Professional Fee and Investment Strategist Fee (assessed separately)	_____ %	_____ %
<input type="checkbox"/>	Combined Financial Professional Fee and Investment Strategist Fee (paid to Financial Professional)	_____ %	Paid by Financial Professional to Investment Strategist
<input type="checkbox"/>	Combined Financial Professional Fee and Investment Strategist Fee (paid to Investment Strategist)	Paid by Investment Strategist to Financial Professional	_____ %

A proportionate share of this amount will be assessed following the end of each monthly or quarterly billing cycle and will be determined based on the value of assets in the Account at the end of the applicable billing cycle.

Registered Investment Advisor

Compensated by an asset-based advisory fee, calculated quarterly. **NOTE:** Payments remitted within 45 days from the end of the quarter.

PAYMENT INFORMATION (This section **MUST** be completed by Financial Professional in order to receive compensation on Aspire accounts)

Please select only **ONE** method of payment.

Receipt of Payment Method (select one):

CHECK

Payee _____

Address _____ City _____ State _____ Zip _____

Special Check Instructions _____

ACH

Bank Name _____ Account Number _____ Account Type (i.e. Savings, DDA) _____

Name on Account _____ ABA Routing Number _____

PAYMENT INFORMATION (This section **MUST** be completed by Financial Professional in order to receive compensation on Aspire accounts)

By signing below, this Financial Professional 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 Professional for this retirement account and receive compensation. Further, Financial Professional 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 Account Holder, and that his/her services are covered under an errors and omissions insurance policy of at least one million dollars. Financial Professional 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 Professional's access to the Account and the payment of any compensation from or related to the Account. In the event of such termination, Financial Professional shall be responsible for notifying the Account Holder of such termination and for taking any necessary steps to cure the breach and/or resolve any matters with the plan sponsoring employer. Financial Professional 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 Professional form.

▶ _____
Financial Professional Signature

____-____-____
Date (month | day | year)

Upload this form through the form submission tool at www.aspireonline.com/resources/forms-submission-tool or **Email:** IRAServices@PCSRetirement.com **Questions?** Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

STEP 9 AUTHORIZATION & SIGNATURE

By signing below:

Account Holder represents and warrants that he/she has received, read and is in agreement with all terms in the IRA Account Application and Agreement. The Account Holder represents and warrants that he/she has read the following documents that are available in the documents section on <https://www.aspireonline.com/resources/forms-documents-library>: Aspire IRA Terms and Conditions (including arbitration provisions), Aspire Privacy Policy, Traditional IRA Custodial Account Agreement - AdvisorTrust, Traditional IRA Disclosure Statement - AdvisorTrust, Traditional IRA Financial Disclosure - AdvisorTrust; all of which are incorporated by reference into the terms of this Aspire Traditional IRA Account Application and Agreement. Account Holder agrees to be bound by the terms of this Aspire Traditional IRA Account Application and Agreement (including the terms of incorporated documents), which may be changed, from time to time, upon notice from Aspire.

Account Holder appoints AdvisorTrust, Inc. as custodian for the IRA established by this IRA Application and Agreement and authorizes AdvisorTrust, Inc. (including its agents) to perform relevant custodial and administrative services in accordance with the terms and conditions of the Custodial Account Agreement. Account Holder agrees to be bound to the terms of the Custodial Account Agreement, including the arbitration provisions thereof. Account Holder appoints Aspire Financial Services, LLC (including its agents) as recordkeeper of the IRA established by this IRA Application and Agreement and authorizes Aspire to perform relevant recordkeeping and administrative services.

Account Holder understands and agrees that Aspire Financial Services, LLC may provide online access to the Account through the issuance of user names and passwords to Account Holder and other persons Account Holder authorizes to access the Account (e.g., a Financial Professional, an Investment Strategist, etc.). Further, Aspire may provide user names and passwords to Plan Administrators and/or other authorized persons/entities. Account Holder 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.

Account Holder 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 Account Holder or other authorized person when servicing an account by telephone.

Account Holder 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.

Account Holder 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 quarterly or monthly billing cycle and will be assessed, pro rata, from the assets in the Account. If Account Holder distributes all of the assets in the Account during the calendar year, the remainder of these annual fees may be assessed at the time of the distribution. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

Account Holder understands and agrees that certain transaction fees will apply to the Account. These fees will include a Transfer-Out Fee or 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. These fees will be assessed when the Transfer-Out or Distribution is processed and will be assessed, pro rata, from the assets in the Account. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

Account Holder may log into the Account and elect whether to receive periodic account statements electronically or via hard copy. For hard copy periodic account statements, a fee of \$3.00 per statement, plus postage as incurred, will apply. There is no charge for periodic account statements received electronically. These fees will be assessed on a monthly or quarterly billing cycle and will be assessed, pro rata, from the assets in the Account. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

To the extent that Account Holder has appointed a Financial Professional, the Account Holder understands and agrees that the Financial Professional's compensation will be assessed and remitted as indicated in the documentation of the Financial Professional's appointment.

To the extent that Account Holder has appointed an Investment Strategist on the Account Investment Election, Account Holder understands and agrees that the applicable fees of the Investment Strategist may be assessed from the assets in the Account. Account Holder instructs Aspire to rely on information provided by the Investment Strategist with regard to the agreed-upon amount, timing, and method for assessment of the Investment Strategist fees.

Account Holder authorizes and instructs Aspire to assess the above-referenced fees (and any other fees Account Holder may later agree to have assessed against his/her Account) against the IRA Account established under this IRA Account Application and Agreement.

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

Account Holder Name

Account Holder Signature

Date (month | day | year)

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