



Financial Professional Authorization Form – 403(b)/457

Use this form to appoint or change a financial professional to your account.

To make investment changes on your account use the Account Maintenance Request Form.

Participant ID Number

This change will affect the following accounts:

- All 403(b) and 457 Accounts
- Specified Accounts:
 - 403(b) Account – Plan Name/Number: _____
 - 457 Account – Plan Name/Number: _____

Please note: If you have more than one account per plan type and only want this form to apply to one account, you must specify the Plan Name/Number for the account. Otherwise, the changes requested on this form will be applied to all plans of the plan type selected above.

STEP 1 APPOINTMENT OF FINANCIAL PROFESSIONAL

PARTICIPANT AUTHORIZATION

By granting a Financial Professional Account Access or Account Access and Limited Trading Authority below, Participant acknowledges and agrees that Financial Professional acts as agent of the Participant with regard to the Account; that the Financial Professional will be bound by all term as 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.

Participant designates the Financial Professional listed below at act as the Participant’s Financial Professional 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 Professional prior to Aspire’s receipt and processing of the Notification. Participant, authorizes Aspire, to pay the financial Professional from assets held in the account registered in the Participant’s name any fees/commissions (“compensation”) due to the Financial Professional. 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.

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, Participant authorizes Aspire to act on such direction.

POWERS PARTICIPANT GRANTS FINANCIAL PROFESSIONAL (Please Check One)

- Account Access:** Participant appoints the Financial Professional and firm designated below as the Financial Professional for the Account. Participant grants the Financial Professional access to the records of the Account and directs Aspire to provide the Financial Professional 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 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:** Participant appoints the Financial Professional and firm designated below as the Financial Professional for the Account. Participant 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, Participant 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 Participant. 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.

STEP 2 FINANCIAL PROFESSIONAL CONTACT INFORMATION

Financial Professional Name and Title _____

Company Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Telephone Number _____ Ext. _____ Fax _____

Email _____ Website _____

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 866.634.5873, M – F, 8am – 8pm EST.

STEP 2 FINANCIAL PROFESSIONAL CONTACT INFORMATION (CONT'D)

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

Rep ID

STEP 3 FINANCIAL PROFESSIONAL & INVESTMENT STRATEGIST PAYMENT INFORMATION

This section MUST be completed by Financial Professional for Aspire to facilitate payment.

Financial Professional is acting as a (select only one):

- Option 1: Registered Representative**
Compensation by commissions and applicable sales charges as paid by the mutual fund companies in which the Participant is invested.
- Option 2: Registered Investment Advisor (RIA)**
The fees noted below will be assessed from account assets.

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	_____ %

Investment Strategist (if applicable): _____

Please complete the payment instructions that pertain to the compensation method selected above.

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.

If compensation is negotiated as a flat percentage rather than by commissions and applicable sales charges, these payments are calculated quarterly and remitted within 45 days from the end of the quarter.

Registered Investment Advisor

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

STEP 3 FINANCIAL PROFESSIONAL & INVESTMENT STRATEGIST PAYMENT INFORMATION (Cont'd)

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 _____

STEP 4 FINANCIAL PROFESSIONAL SIGNATURE

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 Participant, 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 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 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.

▶ _____ Date (month | day | year) _____

Financial Professional Signature

STEP 5 PARTICIPANT SIGNATURE

I, the Account Owner have read this form in its entirety, agree to be bound by this document as it exists and as it may be modified, and designate the Financial Professional listed in Step 2 to act as my Financial Professional to exercise all rights and powers set forth herein with respect to the Account(s). This authorization will terminate if Aspire is notified in writing of my incapacity, disability, or death. I may revoke this authorization by notifying Aspire in writing, but such notification will not affect my responsibility for any actions of my Financial Professional prior to Aspire's receipt and processing of the notification.

Participant Name _____ Social Security Number _____

▶ _____ Date (month | day | year) _____

Participant Signature

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 866.634.5873, M - F, 8am - 8pm EST.