



### STEP 3 AUTO REBALANCE

Automatic Rebalancing: This feature, if elected, automatically rebalances the investments in your account 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)

### STEP 4 UPDATE CURRENT ACCOUNT BALANCE

#### OPTION 1 REBALANCE

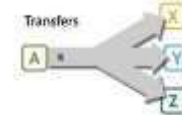
Adjusts your balance to reflect your existing investment allocation choices. If you have selected new investments on this form it will cause your entire account balance to rebalance into those elections. If you have not completed Step 2, it will match your existing investment allocations selected.

- Yes  No **If nothing is selected, no action will be taken on your current balance.**

#### OPTION 2 TRANSFER

(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)

Allows you to transfer your existing balance from one investment into any other available investment choices. Your total must equal 100%. Whole %s Only. Only one transfer request per sheet. **This feature does not change your future contributions investment elections.**



##### CURRENT INVESTMENT

Ticker	Investment Name
<input type="text"/>	<input type="text"/>

%

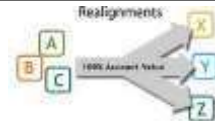
##### NEW INVESTMENTS

Ticker	Investment Name	LW	%
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

#### OPTION 3 REALIGNMENT

(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)

Allows you to reallocate your existing balances from all investments into any other available investment choices. Your total must equal 100%. Whole %s Only. **This feature does not change your future contributions investment elections.**



##### NEW INVESTMENTS

Ticker	Investment Name	LW	%
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**STEP 5 INVESTMENT AUTHORIZATION & SIGNATURE**

When you selected an investment option on this Account Maintenance Request Form, you acknowledge that you are placing a buy/sell order instructing Aspire to purchase/sell investment shares on your behalf. You acknowledge that you have received and read the prospectus for investments, made the investment decision on your own, and understand that you were and are able to make a different investment selection.

You also acknowledge that the securities products purchased or sold in a transaction with Aspire (i) are not insured by the FDIC; (ii) are not deposits or other obligations of Aspire and are not guaranteed by the custodian; and (iii) are subject to investment risks, including possible loss of the principal invested.

Print Full Account Holder Name *(required)*

□□□□-□□□□-□□□□□□

Social Security Number *(required)*

□□-□□-□□□□□□

Date (month | day | year)

Account Holder Signature

**Agent Disclaimer:** By submitting this trade request, you are certifying that you have been previously established as the Authorized Agent on this account and have been granted Limited Trading Authority (LTA) by the account holder. If you are not the financial professional currently listed on this account, or do not have LTA, this trade request will not be acted upon unless the account holder also signs this request form.

Print Full Agent Name

Rep ID

□□□□-□□□□-□□□□□□

Date (month | day | year)

Authorized Agent Signature

Upon execution of the processing time below, the requesting party shall be responsible for promptly reviewing the changes made by Aspire and shall be responsible for notifying Aspire within five (5) business days of any errors or issues related to the changes processed. Upon the execution of the five (5) business day period following the changes processed, the change will be deemed to have been completed correctly by Aspire and Aspire shall have no obligation to pay any amounts necessary to correct an error or issue later discovered.

Please fax the completed form to Aspire Financial Services at 813.466.7523. Forms received in good order will be processed on average within 7 to 10 business days. If the account structure is changing (i.e. switching from one share class to another) please allow up to an additional 10 business days.