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# 403(b)(7) ACCOUNT

## APPLICATION & AGREEMENT

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# 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. If you are working with a Financial Professional, discuss share class choices with them. Check with your Financial Professional or a respective Fund Company to see if the selected investment can be purchased with the load waived.

**STEP 4**

**Appointment of Financial Professional:** Please read and acknowledge the permissions you give your Financial Professional.

Financial Professional Information: In order to be compensated please include all payment and advisory fee information.

**STEP 5**

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

**FAX (preferred):**

248.876.9657

**Regular Mail or Overnight Delivery:**

GLP Investment Services, LLC

37000 Twelve Mile Road

Suite 101

Farmington Hills, MI 48331

Please review the above before you submit your account application.

Thank you,

GLP Investment Services, LLC

**Fax** this form to 248.876.9657 or **mail** to: GLP Investment Services LLC, 37000 Twelve Mile Road, Suite 101, Farmington Hills, MI 48331.

**Questions?** Call Aspire Client Services at 866.634.5873, M - F, 8am - 8pm EST or GLP Client Services at 248.489.0101, M - F, 9am - 5pm ET.

# 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.
<input type="text"/>	<input type="text"/>	<input type="text"/>
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 248.876.9657 or **mail** to: GLP Investment Services LLC, 37000 Twelve Mile Road, Suite 101, Farmington Hills, MI 48331.

**Questions?** Call Aspire Client Services at 866.634.5873, M - F, 8am - 8pm EST or GLP Client Services at 248.489.0101, M - F, 9am - 5pm ET.

**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 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 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 \_\_\_\_\_

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

▶

Notary Signature

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

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 Professional or Investment Strategist. 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 Professional, Investment Strategist, 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: 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)

**OPTION 1 YOUR INVESTMENT CHOICES**

Select this option if you are making your own investment selections. 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"/>
<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"/>

**OPTION 2 INVESTMENT STRATEGIST/THIRD PARTY MONEY MANAGER**

The Participant may select to have your investments managed by available Investment Strategists on the Aspire platform. The Participant may select only one model and additional fees may apply. Please consult with your Financial Professional. For a listing of available Investment Strategists and the additional forms required, go to the **Resource Center at: [www.aspireonline.com](http://www.aspireonline.com)**.

**NOTE:** The portfolio description and allocation percentage for models must be conveyed to Aspire through separate correspondence from the Investment Strategist.

<b>Investment Strategist Name:</b>	<input type="text"/>
<b>Model Portfolio Name:</b>	<input type="text"/>

## STEP 4 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 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.

Participant designates the Financial Professional listed below to 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.

### 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.

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

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

- Registered Representative**  
Compensated by commissions and applicable sales charges as paid by the mutual fund companies in which the Participant is invested.
- Registered Investment Advisor**  
Compensation method by advisory fee of \_\_\_\_\_% (annually)
- Registered Representative, Education & Enrollment Fee (Special use, approval required.)**  
Compensation method by fee of \_\_\_\_\_% (annually)

### FINANCIAL PROFESSIONAL CONTACT INFORMATION

Financial Professional Name and Title

Company Name

Address

City

State

Zip

Telephone Number

Ext.

Fax

Email

Website

Broker Dealer Name

Broker Dealer Number (NSCC Code)

Branch Number ID

Rep ID

**NOTE:** Regardless of advisory/compensation method, contact Information MUST be completed in order for the Financial Professional to be compensated.

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

Please complete the payment instructions that pertain to your compensation method selected on the previous page.

**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.

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

**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.

▶

Financial Professional 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 Professional, an Investment Strategist, 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 \$25.00 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.

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.

Participant has appointed a Financial Professional 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.

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 an Investment Strategist in Step 3 of the 403(b)(7) Application & Agreement Form, the Participant understand and agrees that the applicable fees of the Investment Strategist will be assessed from the assets in the Account. Participant 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 Strategists fees.

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 \_\_\_\_\_

-   -      
Social Security Number

▶   
Participant Signature

-   -      
Date (month | day | year)

**Fax** this form to 248.876.9657 or **mail** to: GLP Investment Services LLC, 37000 Twelve Mile Road, Suite 101, Farmington Hills, MI 48331.  
**Questions?** Call Aspire Client Services at 866.634.5873, M - F, 8am - 8pm EST or GLP Client Services at 248.489.0101, M - F, 9am - 5pm ET.



# 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 Disclosure”). 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 248.876.9657 or **mail** to: GLP Investment Services LLC, 37000 Twelve Mile Road, Suite 101, Farmington Hills, MI 48331.

**Questions?** Call Aspire Client Services at 866.634.5873, M - F, 8am - 8pm EST or GLP Client Services at 248.489.0101, M - F, 9am - 5pm ET.

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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: 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 11: 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 12: 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 13: 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.

**Fax** this form to 248.876.9657 or **mail** to: GLP Investment Services LLC, 37000 Twelve Mile Road, Suite 101, Farmington Hills, MI 48331.

**Questions?** Call Aspire Client Services at 866.634.5873, M - F, 8am - 8pm EST or GLP Client Services at 248.489.0101, M - F, 9am - 5pm ET.