

457(b) ACCOUNT

APPLICATION & AGREEMENT



GLP
Investment Services, LLC
Member FINRA/SIPC

457(b) ACCOUNT APPLICATION CHECKLIST

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

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 **Securities Regulation/Suitability:** ALL of the Employer Information is REQUIRED.

STEP 3 **Authorization & Signature:** Please read and acknowledge the Account Application & Agreement and fee disclosure.

STEP 4 **Beneficiary Designation:** If you live in a community property state and your Spouse is not your primary beneficiary, please have your Spouse sign in the designated area and have the form notarized.

Appointment of Financial Professional

STEP 1 **Participant Authorization:** Please read and acknowledge the permissions you give your Financial Professional.

STEP 2 **Financial Professional Information:** In order to be compensated please include your affiliated Broker Dealer (not an independent Investment Firm name), Rep. ID number, and Branch ID number.

If you choose to self-direct your account, please write "Self-directed" on the Appointment of Financial Professional form. If left blank, the form will be returned to you. Be sure to read carefully the prospectuses for any mutual funds in which you have elected to invest. Prospectuses are available from the fund family.

Account Investment Election Form

STEP 1 **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. Loaded shares can only be chosen if a Financial Professional is listed. If funds are load-waived please check LW box to waive the sales charge.

Incomplete investment election forms or investment elections to closed or invalid share classes will default your contributions into a Money Market fund.

STEP 2 **Investment Authorization:** Sign and acknowledge your investment selections and request or decline automatic rebalancing.

Review the **457(b) FAQs** available in the Resource Center at www.aspireonline.com.

FAX (preferred):

Attn: Enrollment Department
813.466.7523

Regular Mail or Overnight Delivery:

Aspire Financial Services
Attn: Enrollment Department
4010 Boy Scout Blvd.
Suite 500
Tampa, FL 33607

Please review the above before you submit your account application.

Thank you,
Aspire Financial Services, LLC

457(b) Account Application and Agreement

Plan ID #

Plan ID is required. If you do not know your plan ID, call Client Services at 866.634.5873.

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: # _____

STEP 2 SECURITIES INDUSTRY REGULATIONS REQUIRE THAT WE COLLECT THE FOLLOWING INFORMATION:

Employer _____ Occupation/Position _____

Employer Contact Person _____ Employer Telephone Number _____

Employer Address _____

City _____ State _____ Zip _____

Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? No Yes
 (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)

Are you a director, 10% shareholder or policy-making officer of a publicly held company? No Yes
 (If "yes," enter company name _____ and trading symbol _____.)

| Investment Experiences: | Annual Income: | Liquid Net Worth: | Overall Investment Objective: |
|------------------------------------|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> Under \$25,000 | <input type="checkbox"/> Capital Preservation |
| <input type="checkbox"/> Limited | <input type="checkbox"/> \$15,000 - \$24,999 | <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> Income |
| <input type="checkbox"/> Good | <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Extensive | <input type="checkbox"/> \$50,000 - \$99,999 | <input type="checkbox"/> \$100,000 - \$249,999 | <input type="checkbox"/> Speculation |
| | <input type="checkbox"/> \$100,000 or more | <input type="checkbox"/> \$250,000 or more | |

Fax this form to 813.466.7523 or **mail** to: Aspire, 4010 Boy Scout Blvd., Suite 500, Tampa, FL 33607.
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

STEP 3 AUTHORIZATION & SIGNATURE

I have received the 457(b) Plan Custodial Account Agreement, and I adopt the terms of the 457(b) Account. I authorize a designated Custodian or its agent to perform those functions and appropriate administration services as specified. I authorize Aspire Financial Services LLC ("Aspire") and their agents to act on any instructions believed to be genuine for any service authorized on this form, including telephone/computer services. Aspire use reasonable procedures to verify the identity of the Participant and the person(s) granted trading privileges, if applicable, when servicing an account by telephone. I understand that it is Aspire's policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided written authorization to Aspire to grant trading privileges to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online user name and password, to anyone. Aspire and their agents are not liable for any losses that may occur from acting on unauthorized instructions.

If you would like to receive documents such as annual and semiannual reports, prospectuses, confirmations by U.S. mail, rather than electronically, check the following box:

I want to receive annual and semiannual reports, prospectuses, confirmations by U.S. mail.

I understand the following fees will be collected by redeeming sufficient shares from my account balance: (1) an annual account **maintenance** fee of \$25 (2) a 0.15% **custody/administration** fee of the value of my account. These fees will be collected pro rata on a regular billing cycle.

Transaction fees that may apply to your account: Transfer-out Fee of \$75, Loan Fee of \$100, Distribution Fee of \$75.

PLEASE NOTE: Recurring scheduled distributions are \$10 per occurrence after the initial base fee of \$75.

▶

Participant Signature

--
Date (month | day | year)

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.

Primary Contingent

Beneficiary's Name (first, middle, last) or Entity Name _____

Address _____

City _____ State _____ Zip _____

Daylight 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 _____

Daylight Telephone Number _____ Evening Telephone Number _____ Email Address _____

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

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the Plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate. I understand that I may change or revoke this designation at any time by completing a new Beneficiary Change Form during my lifetime with Aspire. It will become effective when Aspire receives it.

▶

Participant Signature

-- Date (month | day | year)

If I live in a state with community property statutes and do not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

Spousal Waiver: I hereby consent to the above beneficiary designation.

Spouse Name _____

▶

Spouse Signature

-- Date (month | day | year)

Notary Signature

Notary Name _____

County _____ State _____

▶

Notary Signature

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

Notary Seal

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

Fax this form to 813.466.7523 or mail to: Aspire, 4010 Boy Scout Blvd., Suite 500, Tampa, FL 33607. Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

Appointment of Financial Professional/Broker Dealer

Use this form to appoint a financial professional to your account

STEP 1 PARTICIPANT AUTHORIZATION

Powers You Give Your Financial Professional (Please Check All That Apply)

- Account Access:** I appoint the Financial Professional and firm designated below as the broker dealer of record for my account ("Broker Dealer" or Registered Investment Advisor "RIA"), direct that it be given access to the records of my account. I understand that Broker Dealer will receive compensation from the investments in which my account is invested. I understand that I am the only person who may make decisions regarding investments of my account and that the Broker Dealer/RIA does not exercise any discretionary authority over the account.
- Limited Trading Authority:** Limited Trading Authority allows my Financial Professional to inquire in my account(s) and direct investments from the available options within the Plan if applicable. The Financial Professional is bound by all terms and conditions set forth in all customer agreements related to my accounts. I authorize Aspire, its affiliates, agents and any other person Aspire may instruct to act in connection with my Financial Professional's instructions without further approval or direction from me. Limited Trading Authorization does not allow my Financial Professional to transfer, withdraw, or disburse money or assets from my account except as may be pursuant to an authorization to deduct management fees. Aspire, nor its agents, assumes any responsibility for reviewing or monitoring any investment decision or activity of the Financial Professional.

STEP 2 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)

FINANCIAL PROFESSIONAL CONTACT INFORMATION

Financial Professional Name and Title

Company Name

Address 1

Address 2

City

State

Zip

Telephone Number

Ext.

Fax

Email

Website

NOTE: Regardless of advisory/compensation method, STEP 3: Payment Instructions MUST be completed in order for the Financial Professional to be compensated.

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.

Note: By selecting Registered Investment Advisor in Step 2, I authorize you (Aspire) to pay the Agent from my assets held in the account registered in my name, an annual investment advisory fee stated above to be billed quarterly in arrears and shall be determined based upon the value of my assets held in the 457(b) FundSource account registered in my name at the end of each quarter. This Authorization will remain in full force and effect until Aspire shall have received from me written notice of its revocation signed by me. The authorization shall extend to the benefit of your successors and assigns.

Participant Name

□□□□-□□□-□□□□□□
Social Security Number

▶

Participant Signature

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

Fax this form to 813.466.7523 or mail to: Aspire, 4010 Boy Scout Blvd., Suite 500, Tampa, FL 33607.

Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

STEP 3 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. Please select only ONE method of payment.

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.

| | | |
|-----------------------------|---|--------------|
| _____ Broker Dealer Name | _____ Broker Dealer Number (NSCC Code) | |
| _____ Branch Number ID | _____ Rep ID | |
| _____ Company Name | | |
| _____ Address | | |
| _____ City | _____ State | _____ Zip |
| _____ Telephone Number | _____ Ext. | _____ Fax |
| _____ Email | _____ Website | |

Registered Investment Advisor

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

Receipt of Payment Method:
(select one)

Check

| | | |
|-------------------------------------|----------------|--------------|
| _____ Payee | | |
| _____ Address | | |
| _____ City | _____ State | _____ Zip |
| _____ Special Check Instructions | | |

ACH **Wire**

| | |
|-----------------------------|---|
| _____ Bank Name | |
| _____ Account Number | _____ Account Type (i.e. Savings, DDA) |
| _____ Name on Account | |
| _____ ABA Routing Number | |

STEP 4 FINANCIAL PROFESSIONAL SIGNATURE

I, the Financial Professional certify that, for the purposes of this retirement account, I am/we are authorized by our Investment Firm and/or Broker Dealer to act as the appointed Financial Professional to an Aspire retirement account and receive compensation in the manner stated above. I will indemnify and hold you, your agents and your directors, officers and employees harmless from all liabilities and costs, including attorney fees, which you may incur by relying upon my representation or upon the above Authorization. This indemnification shall extend to the benefit of your successors and assigns.

| | |
|----------------------------------|---|
| ▶ <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Financial Professional Signature | Date (month day year) |

Fax this form to 813.466.7523 or **mail** to: Aspire, 4010 Boy Scout Blvd., Suite 500, Tampa, FL 33607.
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

Account Investment Election Form

STEP 1 INVESTMENT SELECTIONS

OPTION 1 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)

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="checkbox"/> | |
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| Your total must equal 100% | | | TOTAL |

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 aspireonline.com/plantype/457.com.

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

| | |
|------------------------------------|--|
| Investment Strategist Name: | |
| Model Portfolio Name: | |

STEP 2 INVESTMENT AUTHORIZATION

By signing this Application, you hereby adopt the applicable retirement account and the designated custodian.

You acknowledge that you have received and read the attached Application Agreement, which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Aspire will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the applicable retirement account and Disclosure Statement, the Account Agreement, each as amended from time to time (the "Agreement and Disclosures"). You understand there are fees associated with establishing, maintaining, engaging in transactions and transferring assets out of this account.

When you selected an investment option in this Application, you acknowledge that you are placing a buy order instructing Aspire to purchase mutual fund shares on your behalf. Aspire will process your order after the necessary funds have been deposited in your account. You acknowledge that you have received and read the prospectus for mutual funds, made the investment decision on your own, and understand that you were and are able to make a different investment selection.

This account is established and effective when you receive your account number. You have the right to cancel the account within seven days from the date the account is established. The revocation will be reported to the Internal Revenue Service as a distribution.

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. For purposes of this Account Application and the attached Application Agreement, the terms "you," "your" and "Participant" refer to each person who signs this Account Application. The terms "we," "us," "our" and "Aspire" refer to Aspire Financial Services LLC.

You certify under penalty of perjury that (1) the number shown on this Application is your correct taxpayer number; (2) you are not subject to back-up withholding because (a) you are exempt from back-up withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to back-up withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified you that you are no longer subject to back-up withholding; and (3) you are a U.S. person (including a U.S. resident alien). (You understand that if you have been notified by the IRS that you are subject to back-up withholding as a result of dividend or interest underreporting and you have not received a notice from the IRS advising you that back-up withholding is terminated, you must strike or cross out the information contained in item 2 above.) The IRS does not require your consent to any provision of this document other than the certification required to avoid back-up withholding.

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.)

Participant Name

▶

Participant Signature

--
Social Security Number

--
Date (month | day | year)

Fax this form to 813.466.7523 or mail to: Aspire, 4010 Boy Scout Blvd., Suite 500, Tampa, FL 33607.

Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

Aspire Retirement Account Agreement & Disclosures

This agreement relates to your Account and is part of the Account Agreement between each participant and Aspire Financial Services, LLC (“Aspire”).

Please read and retain for your files.

Section 1: Scope of Agreement

Your agreement with Aspire consists of the terms set forth in this Aspire Retirement Account Agreement & Disclosures Statement as well as any terms listed in the Account Enrollment Guide. In addition, you may, in the future, receive from Aspire supplemental terms or disclosures that pertain to certain account types, service features and benefit packages. These supplemental terms and disclosures, this Application Agreement, the applicable retirement account and Disclosure Statement and the Aspire Retirement Account Agreement are collectively referred to as the “Agreement and Disclosures.” You agree to read the Agreement and Disclosures carefully and 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 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.

Fax this form to 813.466.7523 or mail to: Aspire, 4010 Boy Scout Blvd., Suite 500, Tampa, FL 33607.

Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

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. If the allocation total does not add up to 100 percent then the remainder will be allocated to the default investment options. If no selection is given, your contribution will be allocated to the default fund. 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: Incomplete Forms

I understand that in the event my Participant Enrollment form is incomplete or is not received by Aspire at the address stated on the Enrollment Guide prior to the receipt of any deposits, I specifically consent to Aspire retaining all monies received and allocating them to the default investment option. Once an account has been established on my behalf, I understand that I must contact Aspire in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options for which I have most recently selected.

Section 13: 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 14: Provider Compensation

Aspire receives compensation from certain mutual funds or their affiliates and other investment providers in consideration for services that Aspire provides including but not limited to 1) participant statements and transaction confirmations 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 of 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 15: 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.