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# TRADITIONAL IRA

## APPLICATION & AGREEMENT

CUSTODIAN - MG TRUST COMPANY

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**GLP**  
Investment Services, LLC  
Member FINRA/SIPC

# IRA ACCOUNT APPLICATION CHECKLIST

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## Traditional IRA Account Application and Agreement.

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

### STEP 1

**Account Holder 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

**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 4

**Funding Your Account:** Explains how your Account will be funded and how you can transfer IRA funds to your Account and make additional contributions.

### STEP 5

**ACH Submission Instructions**

### STEP 6

**Appointment of Financial Professional:** If you choose to make your own investment choices, it is not necessary to fill out the Appointment of Financial Professional form.

### STEP 7

**Account Investment Election Form:** Use this form to instruct Aspire Financial Services, LLC ("Aspire") about how you want to invest your contributions. Be sure to read carefully the prospectuses for any mutual funds in which you elect to invest. Prospectuses are available from the fund family.

### STEP 8

**Authorization & Signature:** Please read the IRA Account Application & Agreement in its entirety and agree to the terms by signing and dating.

The following documents can be located in the Resource Center at [www.aspireonline.com](http://www.aspireonline.com) Traditional IRA Document Section.

- Salary Deferral Agreement (Please complete and provide to your employer)
- Aspire IRA Terms & Conditions
- IRA Custodial Account Agreement (Traditional or Roth)
- IRA Disclosure Statement (Traditional or Roth)
- IRA Financial Disclosure (Traditional or Roth)
- Aspire Privacy Policy

### 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

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.

# 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.

## STEP 1 ACCOUNT HOLDER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security Number:    -   -        
 Date of Birth (month | day | year):   -   -        
 Marital Status:  Single  Married  Divorced  
 Number of Dependents: # \_\_\_\_\_  
 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 \_\_\_\_\_

\* 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.

## 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	

**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 (month | day | year)

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 Account Holder \_\_\_\_\_

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 Account Holder \_\_\_\_\_

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 \_\_\_\_\_

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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 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:** \$ \_\_\_\_\_ per month. 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.

**FOR THIS ACH DEBIT OPTION, YOU MUST COMPLETE STEP 5 - ACH SUBMISSION INSTRUCTIONS.**

- B. Check or Money Order.** Make payable to MG Trust Company FBO "Account Holder Name" and mail with this application to Aspire Financial Services, 4010 Boy Scout Blvd., Suite 500, Tampa, FL 33607.

**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 qualified retirement plan distribution forms from the IRA Distribution guide, located in the Resource Center - IRA Section at [www.aspireonline.com](http://www.aspireonline.com).

- D. Transfer of Account.** Complete and attach an Aspire retirement account Exchange/Transfer/Rollover Request Form, located in the Resource Center, IRA Section at [www.aspireonline.com](http://www.aspireonline.com). Additional procedures and documentation may be required from the prior Employer or Plan Administrator.

## STEP 5 ACH SUBMISSION INSTRUCTIONS & AUTHORIZATION

**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	\$ _____
_____	
<b>ACH: Attach void check for Account from which the ACH will be debited Here. (MAY BE FAXED)</b>	
Routing Number	Account Number
_____	_____

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

### FOR AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATIONS ONLY

Indicated below is the depository financial institution, hereinafter called DEPOSITORY, 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 \_\_\_\_\_

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Account Holder Signature to Authorize ACH Withdrawal

-  -   
Date (month | day | year)

## 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 the 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 participant'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.

**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 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:** Account Holder 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 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 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)\*

\*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.

**FINANCIAL PROFESSIONAL CONTACT INFORMATION**

\_\_\_\_\_  
Financial Professional Name and Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
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.

**Financial Professional Signature**

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

▶   
Financial Professional Signature

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Date (month | day | year)

**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.

**Account Holder acknowledges and agrees that, if Aspire receives any contribution or rollover prior to receipt of his/her investment elections, that amount will be allocated into the Federated Automated Cash Management Trust (Ticker ACKXX) until Aspire receives instructions to invest the contribution or rollover assets otherwise.** The prospectus for this fund is located at <http://www.federatedinvestors.com/FII/daf/pdf/regulatory/prospectus/35488.pdf>.

If the Account Holder is choosing Exchange Traded Funds (ETFs) please complete and sign the Exchange Traded Funds Addendum to IRA Account Application and Agreement.

**Choose option 1, 2 or 3 for the account indicated on the IRA Account.**

**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%, or your assets will be allocated to the the Federated Automated Cash Management Trust, named above.

Ticker Symbol	Investment Name	Allocation %
<b>Your total must equal 100%</b>		<b>TOTAL</b>

You may elect to have your account automatically rebalanced. This means that, once a year on or about December 15th, 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

**OPTION 2 INVESTMENT CHOICES MADE BY FINANCIAL PROFESSIONAL**

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Select this option if you appointed a Financial Professional, and that Financial Professional will be conveying investment selections for your account through separate correspondence. If Aspire receives any contribution or rollover prior to receipt of this information, that amount will be allocated into Federated Automated Cash Management Trust (Ticker ACKXX) until we receive the required information.

**OPTION 3 INVESTMENT MODEL PORTFOLIO SELECTED BY INVESTMENT STRATEGIST/THIRD PARTY MONEY MANAGER ("INVESTMENT STRATEGIST")**

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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. If Aspire receives any contribution or rollover prior to receipt of this information, that amount will be allocated into Federated Automated Cash Management Trust (Ticker ACKXX) until we receive the required information.

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

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



## STEP 8 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 as well as the terms of the Exchange Traded Funds Addendum to IRA Account Application and Agreement (if applicable). The Account Holder represents and warrants that he/she has read the following documents that are available in the documents section on [www.aspireIRA.com](http://www.aspireIRA.com): Aspire IRA Terms and Conditions (including arbitration provisions), Aspire Privacy Policy, Traditional IRA Custodial Account Agreement, Traditional IRA Disclosure Statement and Traditional IRA Financial Disclosure; 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 MG Trust Company as custodian for the IRA established by this IRA Application and Agreement and authorizes MG Trust Company (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 \$25.00 and an Annual Custody and Administration fee of 0.15% of the value of the Account. If the Account Holder chooses Exchange Traded Funds (ETFs) available investments in the IRA account by completing the Exchange Traded Funds Addendum to IRA Account Application and Agreement, additional fees will apply. These fees will be assessed on a quarterly or monthly 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.

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.

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 Account Holder's correct taxpayer identification number (or Account Holder is waiting for a number to be issued to him/her), and
2. Account Holder is not subject to backup withholding because: (a) Account Holder is exempt from backup withholding, or (b) Account Holder 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 Account Holder that he/she is no longer subject to backup withholding, and
3. Account Holder is a U.S. citizen or U.S. resident alien.

Account Holder Name

▶

Account Holder 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.