



# Account Permissions Form

ACCOUNT #

Use this form to appoint a financial professional to your account or to change permissions for an existing financial professional linked 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 Account Holder is invested

Registered Investment Advisor

Compensation method by advisory fee of \_\_\_\_\_ % (annually)

### Financial Professional Contact Information

[ ]		
Company Name		
[ ]	[ ]	[ ]
Financial Professional Name	Email	
[ ]		
Address 1		
[ ]		
Address 2		
[ ]	[ ]	[ ]
City	State	Zip
[ ]	[ ]	[ ]
Phone	Ext.	Fax
[ ]	[ ]	[ ]

**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 403(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.

▶ ACCOUNT HOLDER SIGNATURE

[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Date (month | day | year)

[ ]

Print Full Name

[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Social Security Number

Unless otherwise instructed by your employer, 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, Monday through Friday, 8:00 A.M. - 8:00 P.M. EST.

[Revision: 07/2011]

**STEP 3****Payment Information** *(This section MUST be completed by Financial Professional in order to receive compensation on ASPIre accounts)***Registered Representative**

Compensated by commissions and applicable sales charges as paid by the investment companies in which the Account Holder 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)	
Address		Branch Number/ID	
City	State	ZIP	
Rep. Name		Rep Number/ID	
Phone	Ext.	Fax	
Email	Website Address		

**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.

▶ FINANCIAL PROFESSIONAL SIGNATURE --  
Date (month | day | year)



**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 investment 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 investments, 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 "Account Holder" refer to the 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?  Yes  No

Automatic Rebalancing: This feature, if elected, 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.

▶ ACCOUNT HOLDER SIGNATURE  --  
Date (month | day | year)

Print Full Name --  
Social Security Number