

Financial Professional Change Form Fax Cover Sheet

To be completed by Participant:

Appointment of Financial Professional Form – see attached

By completing the attached forms, I am requesting to change the Financial Professional of record.

This form will be used as formal notification that I am replacing the current financial professional of record with the new financial professional stated. I understand that this change will be effective once this form is received by ASPIre, and is considered to be in good order.

New Financial Professional Name

Email

Investment Election Form

I understand that to change financial professionals, I must use the investment options available through my new broker/dealer firm and/or registered investment advisor (RIA). Therefore,

Choose one of the following:

- Full liquidation of previous investments and reinvest into attached investment allocation, effective immediately.
- Partial liquidation of previous investments and reinvest into attached investment allocation, effective immediately.
Liquidate the following:

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

- No liquidation of previous investments; future contributions to be invested as per attached investment allocation, effective immediately.
- No liquidation of previous investments; no change to investment elections.

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

Print Full Name

--
Social Security Number

Change of Broker Dealer / Financial Advisor

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.

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.

▶ ACCOUNT HOLDER SIGNATURE

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

Print Full Name

□□□□-□□-□□□□□□
Social Security Number

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 paid by the mutual fund companies in which the Account Holder is invested

Registered Investment Advisor

Compensation method by advisory fee of _____ % (annually)

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)

Company Name

Financial Professional Name

Email

Address 1

Address 2

City

State

Zip

Phone

Ext.

Fax

----- REQUIRED BROKER DEALER INFORMATION -----

Broker Dealer Name

Branch ID Number

Rep ID Number

Fax this form to 813-466-7523. Questions? Call Client Services at 1-866-634-5873, Monday through Friday, 8:00 A.M. - 8:00 P.M. EST.

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 "Account Holder" 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? 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.

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

Print Full Name --
Social Security Number