

# 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.

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 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.

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: 03/2011]

**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 mutual fund 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 mutual fund companies' commission and payment schedule. ASPIre will remit payments within 60 days of receipt of monies from mutual fund 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 | <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|                                  | Date (month   day   year)  |

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