

# Appointment of Investment Advisor

Use this form to appoint a financial professional to your account

## STEP 1 Participant Authorization

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

- Account Access/Limited Trading Authority:** I appoint the firm designated below as the Investment Firm of record for my account ("Investment Firm"), direct that it be given access to the records of my account and authorize it to convey my instructions regarding the investment of the account. I understand that Investment Firm will receive compensation from the assets in which my account is invested. Limited Trading Authority allows my Investment Firm to inquire in my account(s) and direct investments from the available options within the Plan if applicable. The Investment Firm is bound by all terms and conditions set forth in all customer agreements related to my accounts. I authorize ASPIre Financial Services "ASPIre", its affiliates, agents and any other person ASPIre may instruct to act in connection with my Investment Firm's instructions without further approval or direction from me. Limited Trading Authorization does not allow my Investment Firm 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 Investment Firm.
- Investment Firm Compensation:** I, the Account Owner authorize ASPIre to pay the Investment Firm from my assets held in the ASPIre FundSource account registered in my name, the management fees specified method by an advisory fee of \_\_\_\_\_ % (annually) applied against the value of my account. These fees will be collected pro rata on a quarterly basis.

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 Investment Firm listed in Step 2 to act as my Agent 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 Authorized Agent prior to ASPIre's receipt and processing of the notification.

▶ PARTICIPANT SIGNATURE  --  
Date (month | day | year)

Print Full Name

--  
Social Security Number

Employer Name

Plan ID Number

## STEP 2 Investment Firm Information (This section to be completed by Financial Advisor)

I, the Authorized Agent certify that, for the purposes of the ASPIre FundSource accounts, I am an appropriately licensed Registered Investment Advisor.

▶ AUTHORIZED AGENT SIGNATURE  --  
Date (month | day | year)

Company Name

Contact Name

Phone Number Fax Number Email

Company Address Suite/Bldg.

City State Zip

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

Broker Dealer Name Branch ID Number Rep ID Number

Unless otherwise instructed by your employer, fax this form to 813-466-7523 or mail to: ASPIre Financial Services, 5310 Cypress Center Drive, Suite 101 Tampa, FL 33609. Questions? Call Client Services at 1-866-634-5873, Monday through Friday, 8:00 A.M. - 8:00 P.M. EST. Copy should be retained by the Authorized Agent and provided to the Agent's firm as may be appropriate.