

Frozen Assets Transfer Request Authorization

Use this form to move retirement assets into other available investment elections.

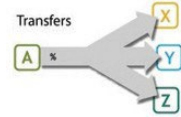
NOTE: CDSC and other redemption fees may apply. Please verify these charges before selecting this option as this transaction cannot be reversed.

Account Number

STEP 1 TRANSFER

(NOTE: For investments with a front-end sales charge that you wish to be purchased at Net Asset Value (NAV), you MUST check the LW box to waive the sales charge, as allowed by the fund family)

Allows you to transfer your existing balance from one investment into any other available investment choices. Your total must equal 100%. Whole %s Only. **This feature does not change your future contributions investment elections.**



CURRENT INVESTMENT

NEW INVESTMENTS

CURRENT INVESTMENT		NEW INVESTMENTS			
Ticker	Investment Name	Ticker	Investment Name	LW	Allocation %
1. <input type="text"/>	<input type="text"/>	1. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	2. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	3. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	4. <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

NOTE: You may only transfer 100% of any frozen investment. No partial transfers are permitted. *If you need more room, print additional forms.

Your total must equal 100%

TOTAL	0
--------------	---

STEP 2 INVESTMENT AUTHORIZATION & SIGNATURE

By selecting an investment option on this Frozen Assets Transfer Request Authorization Form, you acknowledge that you are placing a buy/sell order instructing Aspire to purchase/sell investment shares on your behalf. 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. You acknowledge that fees may apply from the fund family as a result of the sale. Net proceeds will be invested in the new investment as completed.

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.

Print Full Account Holder Name (required)

Account Holder Signature

Social Security Number (required) --

Date (month | day | year) --

Agent Disclaimer: By submitting this trade request, you are certifying that you have been previously established as the Authorized Agent on this account, and have been granted Limited Trading Authority (LTA) by the account holder. If you are not the financial professional currently listed on this account, or do not have LTA, this trade request will not be acted upon unless the account holder also signs this request form.

Print Full Agent Name

Authorized Agent Signature

Rep ID

Date (month | day | year) --

If you provide an email address (participant or agent), Aspire will contact you via that address with regards to this trade request. If you do not provide an email address, you may contact our Client Services line at 866.634.5873.

Contact Email

Upload this form through the form submission tool at www.aspireonline.com/resources/forms-submission-tool
Email: enrollmentforms@pcsetirement.com Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST