

# Appointment of Financial Professional

Financial Professional representing an Investment Firm (Broker Dealer | Registered Investment Advisor) and/or Insurance Agency

All fields are required to avoid a delay in your request.

## SECTION 1 POWERS PARTICIPANT GRANTS FINANCIAL PROFESSIONAL

Please check one:

- Account Access:** Participant appoints the Financial Professional and firm designated below as the Financial Professional for the Account. Participant grants the Financial Professional access to the records of the Accounts. Participant acknowledges and agrees that Participant remains solely and exclusively responsible for directing the investment of the Account and that this grant of Account Access does not authorize the Financial Professional to direct investment of the Account or exercise any discretionary authority over the Account. Further, this grant of Account Access does not authorize the Financial Professional to transfer, withdraw, or disburse money or assets from the Account except in connection with the assessment of applicable fees.
- Account Access with Limited Trading Authority:** Participant appoints the Financial Professional and firm designated below as the Financial Professional for the Account. Participant grants the Financial Professional access to the records of the Account. Further, Participant authorizes the Financial Professional to direct investment of the Account without further approval or direction from Participant. This grant of Account Access and Limited Trading Authority does not authorize the Financial Professional to transfer, withdraw, or disburse money or assets from the account except in connection with the assessment of applicable fees.

Note: Limited Trading Authority is subject to approval from the Financial Professional's Investment Firm and/or Insurance Agency.

## SECTION 2 FINANCIAL PROFESSIONAL INFORMATION (To be completed with the assistance of the Financial Professional.)

- Commission or Pre-Defined Fee Methodology**  
Compensated by commissions, applicable sales charges, or Advisory Fees as paid by the investment products in which the Participant is invested.
- Registered Investment Advisor** (provide payment details in Section 5)  
Compensation method by advisory fee of \_\_\_\_\_% (annually)

## SECTION 3 PARTICIPANT SIGNATURE

### PARTICIPANT SECTION

By signing below, I am granting a Financial Professional Account Access or Account Access with Limited Trading Authority above. I acknowledge and agree that the Financial Professional acts as agent of my account; that the Financial Professional will be bound by all terms that govern the Account.

I, as the Participant, designate the Financial Professional listed to act as my Financial Professional to exercise all rights and powers set forth herein with respect to the Account(s). I understand I may revoke this authorization by notifying client services in writing, but such notification will not affect your responsibility for any actions of the Financial Professional prior to receipt and processing of the Notification. I authorize compensation payments to the Financial Professional from assets held in the account registered in my name for any fees/commissions ("compensation") due to the Financial Professional. Compensation shall be determined based on the type of investment products and value of the assets held in the account registered in my name at the end of each quarter (if applicable). This authorization will remain in full force and effect until written notice of its revocation signed by me, the Participant.

<input type="text"/>	<input type="text"/>
Participant Signature	Date (month / day / year)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Name	Social Security Number	Plan Name

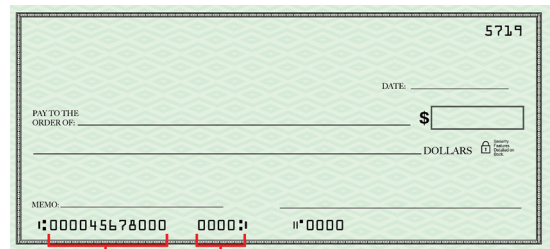
## SECTION 4 FINANCIAL PROFESSIONAL CONTACT INFORMATION

<input type="text"/>			
Financial Professional Name			
<input type="text"/>	<input type="text"/>		
Company Name	Email Address		
<input type="text"/>	<input type="text"/>		
Address 1	Address 2		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	Ext.	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Broker Dealer Name	Broker Dealer Number (NSCC Code)	Branch Number ID	Rep ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RIA Firm Name	RIA Firm Number	Branch Number ID	RIA Rep ID

## SECTION 5 RIA PAYMENT REMITTANCE (IF APPLICABLE)

ACH INFORMATION (ALL FIELDS ARE REQUIRED):

Bank Name:	<input type="text"/>
Names(s) on Account:	<input type="text"/>
ABA Routing Number:	<input type="text"/>
Account Number:	<input type="text"/>
Type: (Checking, Savings)	<input type="text"/>



Routing Number Account Number

NOTE: Please confirm instructions with the receiving financial institution. Then verify that all account information is correct. If funds reject due to incorrect account information, you will be charged any applicable reject fees.

## SECTION 6 FINANCIAL PROFESSIONAL SIGNATURE

### FINANCIAL PROFESSIONAL SECTION

By signing below, this Financial Professional represents and warrants that he/she is authorized by his/her Investment Firm (Broker Dealer | Registered Investment Advisor) and/or Insurance Agency to enter into this agreement, act as the appointed Financial Professional for this account, and receive compensation. Further, Financial Professional represents and warrants that he/she will comply with all solicitation directives of the employer that sponsors the applicable plan, that he/she holds all appropriate federal and/or state insurance and/or securities licenses and any applicable state permits/registrations required for providing the applicable services to the Participant. Any breach of these representations or warranties, or if instructed from the Financial Professional's Investment Firm and/or Insurance Agency to do so, Financial Professional's access to the Account and the payment of any compensation from or related to the Account may be terminated. In the event of such termination, Financial Professional shall be responsible for notifying the Participant of such termination and for taking any necessary steps to cure the breach and/or resolve any matters with the plan sponsoring employer or their Investment Firm and/or Insurance Agency.

<input type="text"/>	<input type="text"/>
Financial Professional Signature	Date (month / day / year)

Please fax the completed form to (720) 739-4711, or mail to IPX-Aspire c/o PCS Retirement 3000 Chestnut St Unit 7767, Philadelphia, PA 19101.