

PAYROLL DEDUCTION IRA WITH FUND MENU APPLICATION & AGREEMENT

CUSTODIAN - MG Trust

IRA ACCOUNT APPLICATION CHECKLIST

Please ensure you choose the Account option, it can be either Traditional or Roth.

To establish a new IRA account, it is important to adhere to the procedures listed below:

- STEP 1** **Account Holder information:** ALL information is REQUIRED. Please include a valid email address to which Aspire can send important account information.
- STEP 2** **Employer Information:** Please enter your employer's information.
- STEP 3** **Beneficiary Designation:** Please indicate who will receive the value of your retirement account should you die. If your spouse is not your primary beneficiary, please have your spouse sign in the designated area and have the form notarized.
- STEP 4** **Funding Your Account:** Explains how your Account will be funded.
- STEP 5** **Account Investment Election:** Use this form to instruct Aspire Financial Services, LLC ("Aspire") about how you want to invest your contributions. Be sure to read carefully the prospectuses for any mutual funds in which you elect to invest. Prospectuses are available from the fund family.
- STEP 6** **Authorization & Signature:** Please read the IRA Account Application & Agreement in its entirety and agree to the terms by signing and dating.

The following documents can be located in the Forms & Documents Library section of the Resource Center at www.aspireonline.com.

- Aspire IRA Terms & Conditions**
- IRA Custodial Account Agreement (Traditional or Roth)**
- IRA Disclosure Statement (Traditional or Roth)**
- Payroll Deduction IRA with Fund Menu Financial Disclosure (Traditional or Roth)**

Email:

IRAServices@PCSRetirement.com

Upload:

Aspire Submission Tool www.aspireonline.com/resources/forms-submission-tool

Thank you for choosing Aspire Financial Services, LLC

Payroll Deduction IRA Account Application and Agreement

Use this form to establish one of the following IRA accounts with Aspire.

Type of IRA Account: Traditional Roth

- If you do not choose an option, the account type will be traditional.
- If you would like both a traditional and Roth account, separate applications must be completed.

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for an Account Holder: When an Account Holder opens an account, Aspire requests the Account Holder's name, address, date of birth and other information that will allow Aspire to identify the Account Holder. In some circumstances, Aspire may also request a copy of the Account Holder's driver's license and/or other identifying documents.

STEP 1 ACCOUNT HOLDER INFORMATION

First Name
 - -
Social Security Number

Last Name
 - -
Date of Birth (month | day | year)

M.I.

Marital Status: Single Married Divorced

Home/Legal Street Address (P.O. Boxes **not** accepted)

City

State

Zip

Mailing Address (P.O. Boxes accepted)

City

State

Zip

Home Telephone Number

Business Telephone Number

Cellular Telephone Number

Email Address*

Mother's Maiden Name

If known by another name please specify

Driver's License Passport State ID

ID Number

Place of Issuance

Expiration Date

Country(ies) of Citizenship (must list all)

Country of Legal Residence

* By providing an e-mail address, Account Holder represents and warrants that he/she has the ability to receive and consents to the electronic delivery of all investment-related and Account-related information and notices at the provided e-mail address. Electronic delivery may include, but is not limited to, e-mailed copies of, or internet links to, documents in PDF format. Investment-related and Account-related information and notice may include, but is not limited to, fund prospectuses, tax notices, account statements, confirmations of statements, Account access passwords, etc. Account Holder's consent will be in effect until revoked. Account Holder may request no-cost written copies of any electronically delivered documents and/or may revoke his/her consent to electronic delivery by contacting Aspire.

STEP 2 EMPLOYER INFORMATION

Employer

Occupation/Position

Employer Contact Person

Employer Telephone Number

Employer Address

City

State

Zip

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

STEP 3 BENEFICIARY DESIGNATION

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information.

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

____-____-____ (Must be completed)

Date (month | day | year)

Primary Contingent

Beneficiary's Name (first, middle, last) or Entity Name

Address

City State Zip

Daylight Telephone Number Evening Telephone Number Email

____-____-____
Social Security Number

____-____-____
Date of Birth (month | day | year)

Percentage Share Relationship to Account Holder

Primary Contingent

Beneficiary's Name (first, middle, last) or Entity Name

City Zip

Daylight Telephone Number Evening Telephone Number Email

____-____-____
Social Security Number

____-____-____
Date of Birth (month | day | year)

Percentage Share Relationship to Account Holder

Account Holder understands that, if no beneficiary survives him or her, the Account Holder's estate will be the sole beneficiary for the Account. Account Holder understands that, if Account Holder fails to indicate share percentages, all benefits will be divided equally among the primary beneficiaries (or contingent beneficiaries, if no primary beneficiary remains).

Account Holder understands that he/she may change or revoke this designation at any time by completing a new Beneficiary Designation form during his/her lifetime with Aspire. It will become effective when Aspire receives it. Completion of this form will revoke any prior beneficiary designations made for the IRA account.

If Account Holder does not designate his/her spouse as the sole Primary Beneficiary, Account Holder represents and warrants that his/her spouse has consented to such designation.

Spousal Waiver: By signing below, the spouse of the Account Holder acknowledges (1) that he/she is the spouse of the Account Holder; (2) that he/she has received a fair and reasonable disclosure of the Account Holder's property and financial obligations; (3) that he/she has been advised to see a tax professional due to the important financial and tax consequences of giving up his/her interest in the Account; and (4) that neither Aspire nor the custodian of the Account has provided the Account Holder's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Account Holder hereby gives the Account Holder any interest the spouse has in the assets of the Account; consents to the beneficiary designations indicated above; and assumes full responsibility for any adverse consequences that may result.

Spouse Name

Spouse Signature

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

Notary Signature

Notary Name

County State

Notary Signature

Signed before me

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

____-____-____
Commission Expiration Date (month | day | year)

Notary Seal

Notary Seal

STEP 4 FUNDING YOUR ACCOUNT

A. Contributions to your Payroll Deduction IRA through Payroll Deductions:

The Account Holder elects to contribute to the Account through payroll deductions and agrees to be bound by all the terms and conditions of the Account. By executing this agreement, the Account Holder authorizes and elects to have Employer reduce his or her compensation and have that amount contributed as an elective deferral and/or as a payroll deduction contribution to the Account. It is intended that the requirements of all applicable state or federal income tax rules, including the Internal Revenue Code of 1986, as amended and regulations (Applicable Law) will be met. Account Holder understands and agrees to the following with respect to his or her election to contribute to the Account through payroll deductions:

- 1) This election is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
- 2) This election may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new payroll deduction election is submitted; and
- 3) This election may be changed with respect to amounts not yet paid or available in accordance with Employer's administrative procedures.

Account Holder is responsible for determining that the payroll deduction amount does not exceed the limits set forth in Applicable Law. Account Holder acknowledges that neither Employer nor Aspire has made any representation to Account Holder regarding the advisability, appropriateness, or tax consequences of contributing to the Account. Nothing herein shall affect the terms of employment between Employer and Account Holder. This election supersedes all prior payroll deduction elections and shall automatically terminate if Account Holder's employment with Employer is terminated.

Contribution per PayPeriod

_____ %

- OR -

\$ _____

(Select only one)

The Employer, through the Payroll Deduction IRA Program, has agreed (based on the directions of the Account Holder) to withhold money and send the contribution directly to the Account Holder's Payroll Deduction IRA account. Please note that this agreement, and any changes to or terminations of payroll deductions, will be made effective when implemented by the Employer, and therefore may not be effective upon the pay period that follows the execution of this agreement, or the execution of any changes to or the termination of payroll deductions. When the Employer transmits the funds, the contribution will be credited to the Account.

B. Transfer of an eligible retirement account to your Aspire Payroll IRA Account:

Please complete the Transfer Rollover Form-Custodian-MG Trust form located at: <https://www.aspireonline.com/resources/forms-documents-library>.

Please check with the sending institution to learn about any additional requirements it may have.

C. Additional Contributions:

To make additional Contributions to the Payroll IRA, the Account Holder may send a check. **It is the Account Holder's responsibility to maintain contributions within the limits approved by the IRS.**

- Make checks Payable to:
Matrix Trust Company FBO "Account Holder Name"
- In the memo:
TPA # = 388. Include your IRA Account number _____ -.
- Mail the check with the letter of instruction (include Account Holder Name, Account Number and Contribution Year)
to: **Matrix Trust (DEN)**
P.O. Box 21196
New York, NY 10008-3595

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

STEP 5 ACCOUNT INVESTMENT ELECTION

The Account Holder may direct the investment of the Account among the investment options listed below. Please indicate the percentage of the Account that should be invested in each of the investment options in the "Allocation Percentage" column below. For these purposes, indicating "0," or leaving a box blank, constitute a direction not to invest in the respective investment option. Be sure to read carefully the prospectuses for any mutual funds in which you elect to invest. Prospectuses are available from the fund family.

Category	Fund Name	Ticker Symbol	Allocation % (Please Complete)
Equity			
Large Growth	Vanguard Growth Index Admiral	VIGAX	
Large Value	Vanguard Value Index Adm	VVIAX	
Large Blend	Vanguard 500 Index Admiral	VFIAX	
Mid-Cap	Vanguard Mid Cap Index Admiral	VIMAX	
Small-Cap	Vanguard Small Cap Index Adm	VSMAX	
Real Estate (REITs)	Vanguard REIT Index Admiral	VGSLX	
Foreign All-Cap	TIAA-CREF International Eq Idx Instl	TCIEX	
Emerging Markets	Fidelity Emerging Markets idx Premium	FPMAX	
US Total Stock Market	Vanguard Total Stock Mkt Idx Adm	VTSAX	
Fixed Income			
Short-Term Diversified Bond	Vanguard Short-Term Bond Index Admiral	VBIRX	
Investment Grade Short- Term Corp Bond	Vanguard Short-Term Corp Bd Idx Admiral	VSCSX	
Intermediate-Term Govt Bond	Vanguard Intmdt-Term Trs Idx Admiral	VSIGX	
Total Bond Market Index	Vanguard Total Bond Market Index Admiral	VBTLX	
Inflation-Protected Bond (TIPS) Index	Schwab® Treasury Infl Protected Secs Idx	SWRSX	
World Bond	Vanguard Total Intl Bd Idx Admiral™	VTABX	
Target Date Funds			
Retirement Income	TIAA-CREF Lifecycle Index Ret Inc Instl	TRILX	
Target-Date 2000-2010	TIAA-CREF Lifecycle Index 2010 Instl	TLTIX	
Target Date 2011-2015	TIAA-CREF Lifecycle Index 2015 Instl	TLFIX	
Target Date 2016-2020	TIAA-CREF Lifecycle Index 2020 Instl	TLWIX	
Target Date 2021-2025	TIAA-CREF Lifecycle Index 2025 Instl	TLQIX	
Target Date 2026-2030	TIAA-CREF Lifecycle Index 2030 Instl	TLHIX	
Target Date 2031-2035	TIAA-CREF Lifecycle Index 2035 Instl	TLYIX	
Target Date 2036-2040	TIAA-CREF Lifecycle Index 2040 Instl	TLZIX	
Target Date 2041-2045	TIAA-CREF Lifecycle Index 2045 Instl	TLXIX	
Target Date 2046-2050	TIAA-CREF Lifecycle Index 2050 Instl	TLLIX	
Target Date 2051-2055	TIAA-CREF Lifecycle Index 2055 Instl	TTIIX	
Target Date 2056-2060	TIAA-CREF Lifecycle Index 2060 Instl	TVIIX	
Money Market	Vanguard Federal Money Market	VMFXX	
Combined Allocation Percentage Across All Investment Options Must Equal 100%			0

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Please note that Aspire does not offer any investment advice, nor does it endorse any investment, investment product or investment strategy. The Account Holder represents that his or her independent judgment will serve as the primary basis for investment decisions with respect to the Account. Aspire has no responsibility to question or otherwise evaluate any investment directions given by the Account Holder.

Aspire will notify the Account Holder at least thirty (30) days in advance of any changes to the investment options listed above. To the extent investment options in which the Account is currently invested are being removed, pursuant to notice to the Account Holder and the Account Holder’s consent, the Account’s interest in investment options being removed will be sold and reinvested in another investment option identified in such notice. Moreover, pursuant to such notice and consent, contributions to the Account that would have been allocated to a removed investment option will be reallocated to the identified investment option. For the purposes of the previous two sentences, the Account Holder will be deemed to have consented to such reinvestment and reallocation unless, within thirty (30) days from the date of notice of the reinvestment and reallocation, the Account Holder affirmatively directs Aspire (i) to invest the Account in an alternate investment option that is available to the Account, or to (ii) close the Account by (a) requesting a distribution of the Account to the Account Holder (which may subject the Account Holder to taxes and penalties) or (b) transferring the Account to another financial organization.

To the extent you have directed the investment of your Account among more than one investment option, you may direct Aspire to have your account automatically rebalanced in accordance with your above directed allocation percentages on an annual, semi-annual, or quarterly basis. Please choose one option below:

Direction	Rebalancing Schedule
<input type="checkbox"/> Annual Rebalance	On or about December 15
<input type="checkbox"/> Semi-Annual Rebalance	On or about June 15 and December 15
<input type="checkbox"/> Quarterly Rebalance	On or about March 15, June 15, September 15, and December 15
<input type="checkbox"/> I elect not to have my Account automatically rebalanced	

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STEP 6 AUTHORIZATION & SIGNATURE

By signing below:

Account Holder represents and warrants that he/she has received, read, and is in agreement with all terms in the IRA Account Application and Agreement. The Account Holder represents and warrants that he/she has read the following documents that are available in the documents section on www.aspireIRA.com: Aspire IRA Terms and Conditions (including arbitration provisions), Aspire Privacy Policy, Traditional or Roth IRA Custodial Account Agreement, Traditional or Roth IRA Disclosure Statement and Payroll Deduction IRA with Fund Menu Financial Disclosure; all of which are incorporated by reference into the terms of this Aspire Payroll IRA Account Application and Agreement. Account Holder agrees to be bound by the terms of this Aspire Payroll IRA Account Application and Agreement (including the terms of incorporated documents), which may be changed, from time to time, upon notice from Aspire.

Account Holder appoints MG Trust Company as custodian for the IRA established by this IRA Application and Agreement and authorizes MG Trust Company (including its agents) to perform relevant custodial and administrative services in accordance with the terms and conditions of the Custodial Account Agreement. Account Holder agrees to be bound to the terms of the Custodial Account Agreement, including the arbitration provisions thereof. Account Holder appoints Aspire Financial Services, LLC (including its agents) as recordkeeper of the IRA established by this IRA Application and Agreement and authorizes Aspire to perform relevant recordkeeping and administrative services.

Account Holder understands and agrees that Aspire Financial Services, LLC may provide online access to the Account through the issuance of user names and passwords to Account Holder and other persons Account Holder authorizes to access the Account. Further, Aspire may provide user names and passwords to authorized persons/entities. Account Holder understands and agrees that persons/entities to which user names and passwords are issued are solely responsible for the security of the user name and password issued to him/her/it. Aspire shall be entitled to rely on the entry of a user name and password into Aspire’s systems as confirmation of the identity of the person/entity to whom the user name and password were issued.

Account Holder understands and agrees that Aspire Financial Services, LLC may provide telephone access to the Account, but will use reasonable procedures to verify the identity of the Account Holder or other authorized person when servicing an account by telephone.

Account Holder understands and agrees that it is his/her exclusive responsibility to monitor the activity on the Account and to immediately report to Aspire any unauthorized access or transactions. Aspire retains the right to, but shall have no obligation to, monitor activity and transactions on the account.

Account Holder understands and agrees that certain annual fees will apply to the Account. These fees will include an Annual Maintenance Fee of \$40.00 and an Annual Custody and Administration fee of 0.20% of the value of the Account. These fees will be assessed on a quarterly or monthly billing cycle and will be assessed, pro rata, from the assets in the Account. If Account Holder distributes all of the assets in the Account during the calendar year, the remainder of these annual fees may be assessed at the time of the distribution. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

Account Holder understands and agrees that certain transaction fees will apply to the Account. These fees will include a Transfer-Out Fee or Distribution Fee of \$75.00. Recurring, scheduled distributions (e.g., installment payments) are subject to a Distribution Fee of \$10.00 per distribution after the \$75.00 Distribution Fee is applied to the first scheduled distribution. These fees will be assessed when the Transfer-Out or Distribution is processed and will be assessed, pro rata, from the assets in the Account. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

Account Holder may log into the Account and elect whether to receive periodic account statements electronically or via hard copy. For hard copy periodic account statements, a fee of \$3.00 per statement, plus postage as incurred, will apply. There is no charge for periodic account statements received electronically. These fees will be assessed on a monthly or quarterly billing cycle and will be assessed, pro rata, from the assets in the Account. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

Account Holder authorizes and instructs Aspire to assess the above-referenced fees (and any other fees Account Holder may later agree to have assessed against his/her Account) against the IRA Account established under this IRA Account Application and Agreement.

Account Holder understands and agrees that, if the Internal Revenue Service has notified Account Holder that he/she is currently subject to backup withholding because Account Holder has failed to report all interest and dividends on his/her tax return, Account Holder must cross out item 2 in the certification below. By signing below, under penalty of perjury, Account Holder certifies that:

1. The number shown on this form is the Account Holder’s correct taxpayer identification number (or Account Holder is waiting for a number to be issued to him/her), and
2. Account Holder is not subject to backup withholding because: (a) Account Holder is exempt from backup withholding, or (b) Account Holder has not been notified by the Internal Revenue Service (“IRS”) that he/she is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified Account Holder that he/she is no longer subject to backup withholding, and
3. Account Holder is a U.S. citizen or U.S. resident alien.

Account Holder Name

Account Holder Signature

Date (month | day |year)

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