INSTANT ACCESS: Skip the form by going to your secure online portal to request a change to your investments.

Complete this form to update current investment elections and balance. Please allow 5-7 business days for processing.

Provide the account information in Section 1: Account Holder & Plan Information.

To change future investment elections, see Section 2: Update Future Investment Elections.

To change current balance, see Section 3: Update Current Account Allocation. You may select only one option.

Option 1: Rebalance - Adjusts your investment percentage to match your current investment allocation choice(s).

Option 2: Exchange - Allows you to exchange your existing balance from one investment(s) into other available investment choice(s).

Option 3: Realignment - Allows you to reallocate existing balances from current invesment(s) into other available investment choice(s).

Disclaimers

Fund: The Fund(s) requested must be available in your account's product lineup.

Allocation: Please note, full percentages are needed to act upon this trade request. No dollar amounts or fractional percentages are accepted.

Source: Any and all trade instructions on the following pages will be applied to all sources within the account.

Please note: If only one product in account, the actions below will apply to that product. If you have more than one account per plan type and only want this form to apply to one account, you must specify the Plan Type, Plan Name, Plan ID, and Product for which this change would apply. Please complete a separate form for each product if applicable.

SECTION 1 ACCOUNT H	OLDER AND PLAN INFO	RMATION				
First Name		M.I.	Last Name			
Address (Street Address only, P.O. Boxe	s not accepted)	City	, , ,		State	Zip Code
Phone Number	Email Address	Date (mm	/ //dd/yyyy)	Social Security Nu	mber	
Plan Name		Plan ID				
This change will affect the followi	ng accounts:					
Accounts Specified Below: Specified Account:						
Specified Account:	Plar	n Name	Plan ID		Product	
Plan Type		n Name	Plan ID		Product	
SECTION 2 UPDATE FUT	URE INVESTMENT ELEC	HUNS				

This feature only changes your investment elections for future contributions. It does not affect the allocation of existing balances already in your portfolio.

Product Name					
Ticker Symbol	Investment/Model Name	Allocation %			
	Total (must equal 100%)				

SECTION 3 UPDATE CURRENT ACCOUNT ALLOCATION (CHOOSE ONLY ONE OPTION)

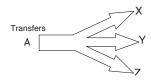
Option 1: Rebalance

Adjusts your account to reflect your existing investment allocation choices. If you have selected new investments on this form it will cause your entire account balance to rebalance into those elections. It will align to your existing investment allocations on file.

Option 2: Exchange Investments

Allows you to transfer your existing balance from one investment into other available investment choices within the same product. Your total must equal 100%. No fractional percentages. Only one transfer request per sheet. This feature does not change your future contributions investment elections.

Product Name



From Current Investment(s)

Ticker Symbol	Investment/Model Name	% to transfer (0-100%)	

To New Investment(s)

Ticker Symbol Investment/Model Name		%
	Total (must equal 100%)	

Ticker Symbol	Investment/Model Name	% to transfer (0-100%)		

Ticker Symbol	Investment/Model Name	%
	Total (must equal 100%)	

Option 3: Realignment

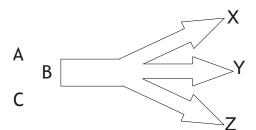
 \square

Allows you to reallocate your existing balances from all investments into other available investment choice(s). Your total must equal 100%. No fractional percentages. This feature does not change your future contributions investment elections.

Product Name

New Investment(s)

Ticker Symbol	Investment/Model Name	%
	Total (must equal 100%)	



SECTION 4 INVESTMENT AUTHORIZATION & SIGNATURE

When you selected an investment option on this Asset Account Maintenance Request Form, you acknowledge that you are placing a buy/sell order instructing Aspire-IPX Retirement to purchase/sell investment shares on your behalf. You acknowledge that you have received and read the prospectus for investments, made the investment decisions on your own, and understand that you were and are able to make a different investment selection.

You also acknowledge that the securities products purchased or sold in a transaction with IPX (i) are not insured by the FDIC; (ii) are not deposits or other obligations of IPX and are not guaranteed by the custodian; and (iii) are subject to investment risks, including possible loss of the principal invested.

The Participant authorizes and instructs IPX invest all current and future monies as designated or as provided by an appointed Financial Professional. Participant acknowledges and agrees that IPX does not and has not provided any recommendations or advice regarding the selection or suitability of any investment, Financial Professional, or other service provider. Participant represents and warrants (1) that Participant has received and read the prospectuses and information about all investment selections; (2) that participant understands that Participant is placing a buy and/or sell order either directly or through an appointed third party, instructing IPX to purchase shares on Participant's behalf upon upon receipt and update of account; (3) that Participant understands that the inverstment products purchased or sold in a transaction through IPX are not insured by the FDIC, are not deposits or other obligations of IPX and are not guaranteed by IPX or the custodian; (4) that Participant understands that the investment risks, including possible loss of the principal invested; and (5) that Participant is solely and exclusively responsible for the elections made on this form, including but not limited to elections regarding investments and services.

Account	Holder	Signature

/ /

Account Holder Full Name (please print)

Signed Date (mm/dd/yyyy)

Advisor 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.

Authorized Advisor Signature			
	/	/	/
Authorized Advisor Full Name (please print)	Signed Da	ate (mn	n/dd/yyyy)

Upon execution of the processing time below, the requesting party shall be responsible for promptly reviewing the changes made by IPX and shall be responsible for notifying IPX within five (5) business days of any errors or issues related to the changes processed. Upon the execution of the five (5) business day period, allowing the changes processed, the change will be deemed to have been completed correctly by IPX and IPX shall have no obligation to pay any amounts necessary to correct an error or issue later discovered.

Return by fax to 720-739-4711, or to submit your documents via our secure website portal, please visit https://ipxretirement.leapfile.net and use the following email when prompted: enrollments@ipxretirement.com. Emails sent unsecure are at the risk of the sender. Documents can be mailed to IPX Retirement c/o PCS Retirement, 3000 Chestnut St, Unit 7767, Philadelphia, PA 19101