

457(b) PARTICIPANT ENROLLMENT KIT FOR MULTI-ADVISOR PLANS

457(b) Participant Enrollment Kit

	Plan ID is not required.
Plan ID #	

USA PATRIOT Act requirements: 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 you: When you open an account, we need to capture certain information that allows us to verify your identity. The following information needs to be provided on this application for all individuals who will be the registered owner or co-owner of an account, acting pursuant to a Power of Attorney or will be signing on behalf of a legal entity that will own the account.

STEP 1 PARTICIPANT INFORMATION

 First Name Last Name M.I.

 Social Security Number Date of Birth (month | day | year) Date of Hire (month | day | year)

 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

Marital Status: Single Married Divorced Number of Dependents: # _____

 Employer Occupation/Position

 Employer Contact Person Employer Telephone Number

 Employer Address

 City State Zip

*By providing an e-mail address, Participant 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 notices may include, but are not limited to, fund prospectuses, tax notices, account statements, confirmations of statements, account access passwords, etc. Participant's consent will be in effect until revoked. Participant may request no-cost written copies of any electronically delivered documents and/or may revoke his/her consent to electronic delivery by contacting Aspire.

Email the completed form to: ipxenrollments@pc Retirement.com Questions? Call Client Services at (833) 264-1502, M - F, 9:30 am - 6:30 pm EST

STEP 2 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.

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name		
Home/Legal Street Address (P.O. Boxes not accepted)				
City		State		Zip
Daytime Telephone Number		Evening Telephone Number		Email Address
Social Security Number		Date of Birth (month day year)		Percentage Share Relationship to Participant


<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name		
Home/Legal Street Address (P.O. Boxes not accepted)				
City		State		Zip
Daytime Telephone Number		Evening Telephone Number		Email Address
Social Security Number		Date of Birth (month day year)		Percentage Share Relationship to Participant

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the Plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate. I understand that I may change or revoke this designation at any time by completing a new Beneficiary Change Form during my lifetime with Aspire. It will become effective when Aspire receives it.



	_____
Participant Signature	Date (month day year)

If I live in a state with community property statutes and do not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

Spousal Waiver: I hereby consent to the above beneficiary designation.

Spouse Name _____	
	_____
Spouse Signature	Date (month day year)

Notary Name _____	_____
County _____ State _____	Commission Expiration Date (month day year)
	Notary Seal

	
Notary Signature	
Signed before me _____	
Date (month day year)	

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STEP 3 APPOINTMENT OF FINANCIAL PROFESSIONAL

Participant chooses to appoint a Financial Professional to the account established under this 457(b) Participant Enrollment Kit. If this section is not completed, the Participant has chosen to self-direct the account.

PARTICIPANT AUTHORIZATION

By granting a Financial Professional Account Access or Account Access and Limited Trading Authority below, Participant acknowledges and agrees that Financial Professional acts as agent of the Participant with regard to the Account; that the Financial Professional will be bound by all term as that govern the Account; and that neither Aspire nor its agents assumes any responsibility for reviewing or monitoring the activity of the Financial Professional with regard to the Account.

Participant designates the Financial Professional listed below at act as the Participant's Financial Professional to exercise all rights and powers set forth herein with respect to the Account(s). Participant may revoke this authorization by notifying Aspire in writing, but such notification will not affect the participant's responsibility for any actions of the Financial Professional prior to Aspire's receipt and processing of the Notification. Participant, authorizes Aspire, to pay the financial Professional from assets held in the account registered in the Participant's name any fees/commissions ("compensation") due to the Financial Professional. Payment of compensation will be billed quarterly in arrears. Compensation shall be determined based on the value of the assets held in the account registered in the Participant's name at the end of each quarter. This authorization will remain in full force and effect until Aspire shall have received from the Participant written notice of its revocation signed by the Participant. The authorization shall extend to the benefit of Aspire's successors and assigns.

To the extent that the Financial Professional's broker-dealer or advisory firm directs Aspire to remove and/or replace the Financial Professional as the designated Financial Professional of the Account, Participant authorizes Aspire to act on such direction.

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 Account and directs Aspire to provide the Financial Professional with access to these records. 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 and 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 and directs Aspire to provide the Financial Professional with access to these records. Further, Participant authorizes the Financial Professional to direct investment of the Account and directs Aspire to act on instructions of the Financial Professional 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: Many broker-dealers do not permit Registered Representatives to exercise this level of authority. This option should only be selected if the Financial Professional is a Registered Investment Advisor or if the Registered Representative's broker-dealer permits its Registered Representatives to exercise this level of authority.

FINANCIAL PROFESSIONAL CONTACT INFORMATION

Financial Professional Name and Title

Company Name

Address 1

Address 2

City

State

Zip

Telephone Number

Ext.

Fax

Email

Website

NOTE: Regardless of advisory/compensation method, contain information MUST be completed in order for the Financial Professional to be compensated.

Broker Dealer Name

Broker Dealer Number (NSCC Code)

Branch Number ID

Rep ID

Email the completed form to: ipxenrollments@pcsetirement.com Questions? Call Client Services at (833) 264-1502, M - F, 9:30 am - 6:30 pm EST

STEP 4 YOUR INVESTMENT CHOICES**(NOTE:** For investments with a front-end sales charge that you wish to be purchased at NAV, you MUST check the LW box to waive the sales charge, as allowed by the fund family)

Select this option if you are making your own investment selections. Please ensure that you complete this section in full and your investment selections equal 100%.

Ticker Symbol	Investment Name	LW	Allocation %	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	
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		Your total must equal 100%	TOTAL	<input type="text"/>

STEP 5 FINANCIAL PROFESSIONAL & INVESTMENT STRATEGIST PAYMENT INFORMATION

This section MUST be completed by Financial Professional for Aspire to facilitate payment.

Financial Professional is acting as a (select only one):

- Option 1: Registered Representative
Compensation by commissions and applicable sales charges as paid by the mutual fund companies in which the Participant is invested.
- Option 2: Registered Investment Advisor (RIA)
Compensated as indicated below.

For Option 2, the fees noted below will be assessed from account assets.

Choose only one option:		Financial Professional (annual fee)	Investment Strategist (annual fee)
<input type="checkbox"/>	Financial Professional Fee Only (no Investment Strategist Fee)	_____ %	N/A
<input type="checkbox"/>	Financial Professional Fee and Investment Strategist Fee (assessed separately)	_____ %	_____ %
<input type="checkbox"/>	Combined Financial Professional Fee and Investment Strategist Fee (paid to Financial Professional)	_____ %	Paid by Financial Professional to Investment Strategist
<input type="checkbox"/>	Combined Financial Professional Fee and Investment Strategist Fee (paid to Investment Strategist)	Paid by Investment Strategist to Financial Professional	_____ %

Please complete the payment instructions that pertain to the compensation method selected above.

Registered Representative
Compensated by commissions and applicable sales charges as paid by the investment companies in which the Participant is invested. Please verify with your Broker/Dealer that all necessary selling agreements are executed and in good order. If selling agreements are not in place or not executed properly, Registered Representatives will NOT receive compensation on Aspire accounts. NOTE: Payments are contingent on investment companies' commission and payment schedule. Aspire will remit payments within 60 days of receipt of monies from investment companies.

If compensation is negotiated as a flat percentage rather than by commissions and applicable sales charges, these payments are calculated quarterly and remitted within 45 days from the end of the quarter.

Registered Investment Advisor
Compensated by an asset-based advisory fee, calculated quarterly. NOTE: Payments remitted within 45 days from the end of the quarter.

Email the completed form to: ipxenrollments@pcsrretirement.com Questions? Call Client Services at (833) 264-1502, M - F, 9:30 am - 6:30 pm EST

STEP 5 FINANCIAL PROFESSIONAL & INVESTMENT STRATEGIST PAYMENT INFORMATION (Cont'd)

Please select only ONE method of payment.

Receipt of Payment Method (*select one*):

CHECK

Payee _____

Address _____ City _____ State _____ Zip _____

Special Check Instructions _____

ACH

Bank Name _____ Account Number _____ Account Type (i.e. Savings, DDA) _____

Name on Account _____ ABA Routing Number _____

FINANCIAL PROFESSIONAL SIGNATURE

By signing below, this Financial Professional represents and warrants that he/she is authorized by his/her Investment Firm and/or Broker Dealer to enter into this agreement, act as the appointed Financial Professional for this retirement 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, and that his/her services are covered under an errors and omissions insurance policy of at least one million dollars. Financial Professional agrees to notify Aspire of any changes with regard to these representations and warranties. If Aspire becomes aware of any breach of these representations or warranties, or if Aspire receives instructions from the employer that sponsors the applicable plan to do so, Aspire may terminate Financial Professional's access to the Account and the payment of any compensation from or related to the Account. 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. Financial Professional and his/her Investment Firm/Broker Dealer agree to indemnify and hold harmless Aspire and Aspire's directors, officers, employees, agents, successors, and assigns from all liabilities and costs, including attorneys' fees, incurred by reliance on the statements included in this Appointment of Financial Professional form.



Financial Professional
Signature

Date (month | day | year)

Email the completed form to: ipxenrollments@pcsetirement.com Questions? Call Client Services at (833) 264-1502, M - F, 9:30 am - 6:30 pm EST

STEP 6 PARTICIPANT AGREEMENT

Participant authorizes Aspire Financial Services LLC ("Aspire") and Aspire's agents to act on any instructions believed to be genuine for any service authorized on this form, including telephone/ computer services. Aspire use reasonable procedures to verify the identity of the Participant and the person(s) granted trading privileges, if applicable, when servicing an account by telephone. Participant understands that it is Participant's responsibility to monitor the activity in my account and not to provide account information, including Participant's online user name and password, to anyone. Aspire and Aspire's agents are not liable for any losses that may occur from acting on unauthorized instructions.

If the Participant would like to receive documents such as annual and semiannual reports, prospectuses, confirmations by U.S. mail, rather than electronically, check the following box:

I want to receive annual and semiannual reports, prospectuses, confirmations by U.S. mail.

Participant understands the following fees will be collected by redeeming sufficient shares from the account balance (in addition to any fees charged by Financial Professionals and/or Investment Strategists designated by the Participant): (1) an annual account maintenance fee of \$25 (2) an annual custody/ administration fee of 0.20% of the value of the account. These fees will be collected pro rata on a regular billing cycle. If the Participant 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.

The Participant 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.

Participant understands that transaction fees may apply to the account: Transfer-out Fee of \$75, Loan Fee of \$100, Distribution Fee of \$75. Recurring scheduled distributions are \$10 per occurrence after the initial base fee of \$75. Additional fees for services such as overnight mail, check stop/reissue, return check/ NSF services, processing domestic relation orders, etc. may apply.

Certain plans and employers may have elected to utilize a Third-Party Administrator (TPA) for performing administrative services. These TPAs charge various fees for their services, and those amounts which fall under a pre-defined coverage limit of \$20 annually are paid by Aspire. Participant understands that if applicable, any fees or charges that go over and above the pre-defined coverage limit of \$20 annually will be listed as a separate line item fee, delineated as a TPA administration fee and deducted from the account.

▶

Participant Signature

_____ Date (month | day |year)

Multi-Advisor 457(b) Participant Terms and Conditions

These Multi-Advisor 457(b) Participant Terms and Conditions ("Terms and Conditions") apply to your account in a multi-advisor 457 plan ("Account") that is record kept by Aspire ("Aspire Financial Services, LLC").

Please read and retain for your files.

Section 1: Scope of Agreement

You may, in the future, receive from Aspire supplemental terms or disclosures that pertain to certain account types, service features and benefit packages. You agree to read such materials carefully and retain copies for your records.

Section 2: Your Representations and Warranties

You represent and warrant that: (a) you are of legal age in the state in which you live and you are authorized to participate in the 457 Plan; (b) you have supplied accurate information in your 457(b) Participant Enrollment Kit; (c) if you are married, live in a state with community-property laws and have designated someone other than your spouse as the sole beneficiary to this Account, you have obtained the consent of your spouse to such designation; (d) no additional authorizations from third parties are required for you to open the Account and effect transactions therein; (e) except as you have otherwise indicated on your 457(b) Participant Enrollment Kit or in writing to us, (i) you are not an employee of or affiliated with any securities exchange or member firm of any exchange, the Financial Industry Regulatory Authority (FINRA), or any securities firm, bank, trust company or insurance company and (ii) you are not a director, 10% beneficial shareholder, policymaking officer or otherwise an "affiliate" (as defined in Rule 144 under the Securities Act of 1933) of a publicly traded company and (f) the terms of this 457(b) Participant Enrollment Kit, as amended from time to time, are legal, valid and binding obligations, enforceable against you.

Section 3: Account Handling

The designated custodian ("The Custodian") will automatically hold all of your securities purchased, sales proceeds, dividends and interest. The Custodian will also release your name, address and securities positions to authorized agencies and entities, including companies in which we hold securities for your Account, upon request, unless you notify us otherwise in writing.

Section 4: Responsibility for Investment Decisions

You agree that you and any agent under a power of attorney or Investment Advisor (if you have one) are solely responsible for investment decisions in your Account, including whether to buy or sell a particular security. Unless required by law, you understand that Aspire has no obligation to determine whether a particular transaction, strategy or purchase or sale of a security is suitable for you. Your obligation includes an affirmative duty to monitor and stay informed about your Account and your investments and respond to changes as you deem appropriate. Unless Aspire otherwise agrees with you in writing, Aspire does not have any discretionary authority or obligation to review or make recommendations for the investment of securities or cash in your Account. You acknowledge that Aspire does not provide tax or legal advice.

Section 5: Liquidations

Whenever it is necessary for our protection or to satisfy a debit or other obligation owed us, we may (but are not required to) sell, assign and deliver all or any part of the property securing your obligations, or close any or all transactions in your Account or restrict activity in your Account. We may choose which property to buy or sell, which transactions to close and the sequence and timing of liquidation. We may take such actions on whatever exchange or market and in whatever manner (including public auction or private sale) that we choose in the exercise of our business judgment. You agree not to hold us liable for the choice of which property to buy or sell or of which transactions to close or for timing or manner of liquidation or any tax consequences from such actions. All of the above may be done without demand or notice of purchase, sale, transfer or cancellation to you. No demand or notice shall impose on Aspire any obligation to make such demand or provide such notice to you in the future. Any such notice or demand is hereby expressly waived, and no specific demand or notice shall invalidate this waiver.

Section 6: Verification

You authorize Aspire to inquire from any source, including a consumer reporting agency, as to the identity (as required by law), creditworthiness and ongoing eligibility for the Account of the Participants, any other person referred to on this Application, or any person whom Aspire is later notified is associated with or has an interest in the account (as well as such persons' spouses if they live in a community-property jurisdiction) at account opening, at any time throughout the life of the Account, and thereafter for debt collection or investigative purposes.

Section 7: Application of Law

If any part of this Agreement is held to be illegal or invalid, the remaining parts shall not be affected. Neither your nor our failure to enforce at any time or for any period of time any of the provisions of this Agreement shall be construed as a waiver of such provisions, or your right or our right thereafter to enforce each and every such provision.

Section 8: Electronic Copies

The electronically stored copy of your (or your agent's) signature, any written instructions or authorizations is considered to be the true, complete, valid, authentic and enforceable record, admissible in judicial, administrative or arbitration proceedings to the same extent as if the documents and records were originally generated and maintained in printed form. You agree to not contest the admissibility or enforceability of Aspire's electronically stored copy of such documents in any proceeding between you and Aspire.

Section 9: Compliance with Plan Document and/or the Code

You agree that your employer or Plan Administrator may take any action that may be necessary to ensure that your participation in the plan is in compliance with any applicable requirements of the Plan Document and/or the Code. The maximum annual limit on contributions is determined under the Plan Document and/or the Code. It is your responsibility to monitor your total annual contributions to ensure that you do not exceed the amount permitted, under applicable account and plan types. If you exceed the contribution limit, you assume sole liability for any tax, penalty, or costs that may be incurred.

Section 10: Account Corrections

It is your obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which you communicate within 90 calendar days of the last calendar quarter. After this 90 day period, account information shall be deemed accurate and acceptable to you. If you notify Aspire of an error after this 90 day period, the correction will be only processed from the date of notification forward and not on a retroactive basis.

Section 11: Provider Compensation

Aspire receives compensation from certain mutual funds or their affiliates and other investment providers in consideration for services that Aspire provides including but not limited to 1) participant statements and transaction confirmations 2) maintaining participant level fund accounting 3) transmitting and recording purchase and redemption instructions for such investments 4) transaction settlement 5) prospectus and fact sheet delivery and

6) participant call center services. This compensation is paid directly to Aspire by the funds or investment provider, their affiliates, or services provider pursuant to a service agreement between Aspire and one or more such parties, and the Employer is not responsible for payment of this compensation. The compensation paid to Aspire is based either on a percentage of the average daily net asset value or each investment or on a set fee per each investment option in which a participant invests. Asset-based compensation can range from 0.00% to 0.35% annually on average assets, while investments paying a set fee can range from \$10 to \$12 annually per participant account.

Section 12: Administrative Fees

Certain plan types require administrative services and employers may choose to utilize a Third-Party Administrator (TPA). These TPA charge various fees for their services, and those amounts which fall under a pre-defined coverage limit are paid by Aspire. If applicable, any fees or charges that go over and above the pre-defined coverage limit will be listed as a separate line-item fee, delineated as an administration fee.