

# Financial Professional Authorization Form - IRA

**Use this form to appoint or change a financial professional to your account.  
To make investment changes on your account use the Account Maintenance Request Form.**

Participant ID Number

This change will affect the following accounts:

- All IRA Accounts
- Specified Accounts:
  - Traditional IRA
  - Roth IRA
  - SIMPLE IRA – Plan Name/Number: \_\_\_\_\_
  - SEP IRA – Plan Name/Number: \_\_\_\_\_

Please note: 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 Name/Number for the account. Otherwise, the changes requested on this form will be applied to all plans of the plan type selected above.

## STEP 1 APPOINTMENT OF FINANCIAL PROFESSIONAL

### ACCOUNT HOLDER AUTHORIZATION

By granting a Financial Professional Account Access or Account Access and Limited Trading Authority below, account holder acknowledges and agrees that Financial Professional acts as agent of the account holder 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.

Account Holder designates the Financial Professional listed below at act as the account holder's Financial Professional to exercise all rights and powers set forth herein with respect to the Account(s). Account Holder may revoke this authorization by notifying Aspire in writing, but such notification will not affect the account holder's responsibility for any actions of the Financial Professional prior to Aspire's receipt and processing of the Notification. Account Holder, authorizes Aspire, to pay the Financial Professional from assets held in the account registered in the account holder'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 account holder's name at the end of each quarter. This authorization will remain in full force and effect until Aspire shall have received from the account holder written notice of its revocation signed by the account holder. 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, account holder authorizes Aspire to act on such direction.

### POWERS ACCOUNT HOLDER GRANTS FINANCIAL PROFESSIONAL (Please Check One)

- Account Access:** Account Holder 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. Account Holder acknowledges and agrees that account holder 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:** Account Holder appoints the Financial Professional and firm designated below as the Financial Professional for the Account. Account Holder 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, account holder 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 account holder. 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.

## STEP 2 FINANCIAL PROFESSIONAL CONTACT INFORMATION

Financial Professional Name and Title \_\_\_\_\_

RIA Firm Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Upload** this form through the form submission tool at [www.aspireonline.com/resources/forms-submission-tool](http://www.aspireonline.com/resources/forms-submission-tool)  
**Email:** [enrollmentforms@pcsretirement.com](mailto:enrollmentforms@pcsretirement.com) **Questions?** Call Client Services at 866.634.5873, M-F, 8am-8pm EST

**STEP 2 FINANCIAL PROFESSIONAL CONTACT INFORMATION (CONT'D)**

**NOTE:** The additional information below is required ONLY if the compensation is to be paid to the Broker Dealer. If compensation is to be paid to an RIA firm, make sure the RIA firm name is listed as the Company Name, above, and do not complete the information below.

\_\_\_\_\_  
Broker Dealer Name

\_\_\_\_\_  
Broker Dealer Number (NSCC Code)

\_\_\_\_\_  
Branch Number ID

\_\_\_\_\_  
Rep ID

**STEP 3 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 **Registered Investment Advisor (RIA)**:  
The fees noted below will be assessed from account assets.

<b>Choose only one option:</b>		<b>Financial Professional (annual fee)</b>	<b>Investment Strategist (annual fee)</b>
<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	_____ %

**Investment Strategist** (if applicable): \_\_\_\_\_

Please complete the payment instructions. Payments remitted within 45 days from the end of the quarter.

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

### STEP 3 FINANCIAL PROFESSIONAL & INVESTMENT STRATEGIST PAYMENT INFORMATION (Cont'd)

Please select only **ONE** method of payment.

#### Receipt of Payment Method *(select one)*:

<input type="checkbox"/> <b>CHECK</b>
Payee _____
Address _____ City _____ State _____ Zip _____
Special Check Instructions _____

<input type="checkbox"/> <b>ACH</b>
Bank Name _____ Account Number _____ Account Type (i.e. Savings, DDA) _____
Name on Account _____ ABA Routing Number _____

### STEP 4 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 account holder, 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 account holder 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

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Date (month | day | year)

### STEP 5 ACCOUNT HOLDER SIGNATURE

I, the account holder, have read this form in its entirety, agree to be bound by this document as it exists and as it may be modified, and designate the Financial Professional listed in Step 2 to act as my Financial Professional to exercise all rights and powers set forth herein with respect to the Account(s). This authorization will terminate if Aspire is notified in writing of my incapacity, disability, or death. I may revoke this authorization by notifying Aspire in writing, but such notification will not affect my responsibility for any actions of my Financial Professional prior to Aspire's receipt and processing of the notification.

Account Holder Name \_\_\_\_\_

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Social Security Number

▶   
Account Holder Signature

--  
Date (month | day | year)

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Email: [enrollmentforms@pcsetirement.com](mailto:enrollmentforms@pcsetirement.com) Questions? Call Client Services at 866.634.5873, M-F, 8am-8pm EST