

403(b) NON-ERISA PUBLIC EDUCATION

PLAN ESTABLISHMENT GUIDE

CHECKLIST

Note: This document is to establish a plan for Public Education that is NOT subject to regulations set forth in the Employee Retirement Income Act of 1974(ERISA).

(For Faith Based/Non-profit or for ERISA 403(b) Plans, the forms are available from 403457Team@aspireonline.com)

Thank you for choosing Aspire Financial Services, LLC. (Aspire) as your retirement plan provider.

This Plan Establishment Guide includes all the material you need to begin the plan installation process.

To establish the 403(b) Non-ERISA Public Education Plan the following actions need to be completed:

STEP 1	Complete the Profile and Contact Information
STEP 2	Complete the Authorized Plan Sponsor Persons Information. It is recommended, but optional that you provide Additional Authorized Signers.
STEP 3	Complete the Third Party Administrator (TPA) Information. If there is no TPA please indicate this by checking the appropriate box.
STEP 4	Complete the Loan Provisions Section, if loans are allowed. You must check the box by Yes if your plan allows loans.
STEP 5	Complete the Source Provisions Section. If your Plan has specific provisions that are not outlined in the checklist please complete the Other Section with these provisions.
STEP 6	Review the Plan Investment Section and provide the additional information, if applicable.
STEP 7	Review the Plan Advisor Section and provide the additional information, if applicable.
STEP 8	Plan Sponsor Authorization – have the Authorized Person for the Plan Sponsor complete, sign and date this section.

Please send your completed plan establishment materials, to the following address:

Email:

enrollmentforms@pcsretirement.com

Upload:

Aspire Submission Tool

www.aspireonline.com/resources/forms-submission-tool

Thank you for choosing Aspire.

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STEP 1 PROFILE & CONTACT INFORMATI	UN		
Plan Name			
Employer Sponsor Name			
Primary Contact Name			
Address			
City		s	State Zip
Telephone Number		Fax	
Email	Website		
☐ K-12 ☐ Higher Education			
Employer Tax Identification Number	Company Fiscal Year End (Mf	M DD)	Number of Employees
STEP 2 AUTHORIZED PLAN SPONSOR PERSON	S INFORMATION		
Authorized Person is available when needed. If a conformation. Muthorized Person Name	`	Title	
Felephone Number	5.4		
elephone Number	Ext.	Email	
Address of December Control			Date (month day year)
Authorized Person Signature	NAL DIE DECOMMENDED		
ADDITIONAL AUTHORIZED SIGNERS (OPTIO	NAL BUT RECOMMENDED)	
authorized Person Name			
elephone Number	Ext.	Email	
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	If you want to customize your program please complete the Source Provisions that apply, if not completed th program will be the default:				
	Pretax (Specify of	Roth	☐ Both		
Allow:	e:	_	ithdrawals		
	ontributions: s section if there will be employer c	contributions. If no provisi	ons are supplied, no special provisio	ns will be established.	
Contribution Full Vesting: Allow: In Service A	☐ Death ☐ Hardship Withdrawa	☐ Roth☐ Disabledals☐ In-Service W	☐ Both ☐ Retired ithdrawals		
	ces Provisions: s section if there will be other Sour	rce Provisions.			

SI	PLAN INVESTMENTS
Plea	ase select the Aspire product(s) to be made available. If no selection is made, all Aspire products will be made available.
	Standard Aspire Product
	Aspire's standard product offers open-architecture investment selection. This allows the Participant to choose to invest in any mutua fund available from the custodian.
	If the Plan Sponsor wants to modify the funds available under the standard Aspire product, please provide a letter of direction on the Plan Sponsor's letterhead providing the list of approved investment options for Participants and signed by an Authorized Person for the Plan. Please include the fund name and ticker symbol for each fund.
	Aspire Product for Franklin Templeton Funds
	Aspire's product for Franklin Templeton funds allows Participants to choose to invest in mutual funds offered by the Franklin Templeton family of funds.
ST	EP 7 PLAN ADVISORS
An I	Investment Firm is a Broker/Dealer or Registered Investment Advisory company that financial professionals are affiliated with to provide estment services.
fror sele aut	ess the Plan Sponsor requires otherwise, Aspire products allow Participants to choose any Financial Professional of their choosing in an Investment firm or self-direct their own account. If the Plan Sponsor wants to restrict the Financial Professionals that can be exceed by Participants, please provide a letter of direction on the Plan Sponsor's letterhead advising Aspire of the Investment Firm(s) thorized for this Plan. The letter of direction should include the company name, contact name, mailing address, telephone number and ail information for each Investment Firm. This letter must be signed by an Authorized Person of the Plan.
ST	EP 8 PLAN SPONSOR AUTHORIZATION
Plai	Plan Sponsor authorizes Aspire to implement the 403(b) plan based on the information outlined in Plan Establishment Guide. The in Sponsor agrees to provide Aspire in writing any changes to the information noted in the Plan Establishment Guide as they occur. Plan based will provide to Aspire any additional information and documents related to the Plan upon request from Aspire.
Autho	orized Person Name Title
Telep	ohone Number Ext. Email
•	Date (month day year)

 $\label{lem:policy} \textbf{Upload} \text{ this form through the form submission tool at } \underline{\textbf{www.aspireonline.com/resources/forms-submission-tool} \\ \textbf{Email: } \underline{\textbf{enrollmentforms@pcsretirement.com}} \textbf{Questions?} \text{ Call Client Services at 866.634.5873, M-F, 8am-8pm EST} \\ \textbf{Email: } \underline{\textbf{enrollmentforms@pcsretirement.com}} \textbf{Questions?} \text{ Call Client Services at 866.634.5873, M-F, 8am-8pm EST} \\ \textbf{Model of the problem of the pr$

Authorized Person Signature