

Email completed forms ONLY to: [CompletedInvestmentChangeForms@AspireOnline.com](mailto:CompletedInvestmentChangeForms@AspireOnline.com). Email questions/inquiries to: [InvestmentAdmin@AspireOnline.com](mailto:InvestmentAdmin@AspireOnline.com). Please note the email for Completed Investment Change Forms is ONLY for completed request forms – it is not for questions, inquiries, etc. All questions/inquiries, including status updates on existing requests, should be sent to the Investment Admin email.



# Standalone Investment Update Form - HSA

\*\*\*Please note this will NOT affect model portfolio balances or allocations. If changes are needed for models, the Model Portfolio Update Form must be completed.\*\*\*

## STEP 1 PLAN INFORMATION

Plan Name	Plan ID

\*If changes are needed for more than five plans, fill out the "Plan List" tab of the Standalone Investment Update Template - HSA.

## STEP 2 IMPLEMENTATION DATE (MUST be a minimum of seven (7) business days from date of submission to Aspire to allow for processing time)

**NOTE:** The implementation date requested is dependent on forms being submitted in good order. Forms with missing or incomplete information may result in a delay in the requested implementation date.

PLEASE IMPLEMENT THE REQUESTED CHANGES EFFECTIVE AS OF:   -   -      
Date (month | day | year)

## STEP 3 ADDITIONS OR DELETIONS OF STANDALONE INVESTMENT OPTIONS \*\*\*REQUIRED\*\*\* (Select Only One Option)

- No Additions/Deletions
- Add and/or delete standalone investment options for the plan(s) based on the completed "Add\_Delete" tab of the attached Standalone Investment Update Template - HSA. If electing to delete an investment that is set up to receive future money or that has an existing balance, replacement instructions for the deleted fund must be provided in Step 5.

## STEP 4 UPDATE DEFAULT OPTION \*\*\*REQUIRED\*\*\* (Select Only One Option)

The default fund will only be used for fund events where a replacement fund is needed, and a response is not received within the time frame specified by Aspire. Examples include fund closures, fund liquidations, trade rejects due to minimums not being met, etc.

- No change to the default option UNLESS the current default option is included in Step 5. If the current default option is being replaced in Step 5 then the default option will be updated and current balances transferred if instructed in that Step. If the current default fund is not being replaced in Step 5 then no updates will be made.
- Update default option to:

Ticker Symbol	Cusip	Investment Name

## STEP 5 REPLACING STANDALONE INVESTMENTS \*\*\*REQUIRED\*\*\* (Select Only One Option)

If an investment was deleted in Step 3, you must provide replacement instructions if there are balances or investment elections in the deleted investment.

- No updates
- Replace standalone investments, for the allocation of future money coming into the plan(s) only, based on the completed "Replacements" tab of the attached Standalone Investment Update Template - HSA. This will result in an update to the allocation of future money coming into the plan(s). This will NOT affect current balances in the plan(s).
- Replace standalone investments, for the allocation of future money coming into the plan(s) and for current money in the plan(s), based on the completed "Replacements" tab of the attached Standalone Investment Update Template - HSA. This will result in an update to the allocation of future money coming into the plan(s). This will also result in 100% liquidation of the investment's balance in the plan(s), with the proceeds from that liquidation being invested 100% in the replacement investment.

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## STEP 6 CONTACT INFORMATION

- Aspire will contact the person named in this Step 6 within two (2) business days to confirm receipt of the request. If you are not contacted by Aspire within two (2) business days after submitting your request, you must notify Aspire immediately.
- Aspire will notify the person named below upon completion of the requested changes. If you do not receive this notification within ten (10) business days following the requested effective date of the changes, you must notify Aspire immediately.
- Upon receipt of the notice from Aspire that the changes have been completed, you are responsible for promptly reviewing the changes made by Aspire and are responsible for notifying Aspire within ten (10) business days of any errors or issues related to the changes processed.
- Upon the expiration of the ten (10) business day period following the notice that the changes have been completed, all changes will be deemed to have been completed correctly by Aspire, and Aspire shall have no obligation to pay any amounts necessary to correct an error or issue later discovered.

Name (required): \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Phone Number: \_\_\_\_\_

## STEP 7 SIGNATURE & ACCEPTANCE

By signing below, the signer represents and warrants that he or she is duly authorized to execute this form on behalf of the applicable Advisory Firm or Strategist Firm and that, on behalf of the Advisory Firm or Strategist Firm, he or she represents and warrants that:

- all required notices related to the requested changes have been provided to all applicable persons/entities;**
- the requesting person/entity has the requisite authority to make the changes requested on this form;
- the changes requested on this form are not prohibited by the affected plans' governing documents or applicable law, regulation, or agreement;
- the requesting party understands and agrees with the responsibilities outlined above; and
- the requesting party will indemnify and hold harmless Aspire Financial Services, LLC ("Aspire"), Aspire's affiliates, and the shareholders, directors, officers, employees, agents, successors, and assigns of each, for any claims arising out of Aspire's implementation of the requested changes or for failure to correct any error or issue of which Aspire did not receive notice within ten (10) business days.



Signature of Person Representing Advisory Firm or Plan Sponsor

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Date (month | day | year)

\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Advisory Firm or Plan Sponsor

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