

CUSTODIAL ACCOUNT

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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Last Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	M.I. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Social Security Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date of Birth (month day year) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date of Hire (month day year) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State ID
ID Number	Place of Issuance	Expiration Date
Country(ies) of Citizenship (must list all)		Country of Legal Residence
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 notice may include, but is 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.

Fax this form to 813.466.7523 or **mail** to: Aspire, 4010 Boy Scout Blvd., Suite 450, Tampa, FL 33607.
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

STEP 2 BENEFICIARY DESIGNATION

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information. If the Participant is married and designates someone other than his/her spouse as Primary Beneficiary, the notarized signature of the Participant's spouse is required. 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.

-- (Must be completed)
Date (month | day | year)

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name			
Address					
City		State		Zip	
Daytime Telephone Number		Evening Telephone Number		Email Address	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>	
Social Security Number		Date of Birth (month day year)		Percentage Share	Relationship to Participant
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name			
Address					
City		State		Zip	
Daytime Telephone Number		Evening Telephone Number		Email Address	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>	
Social Security Number		Date of Birth (month day year)		Percentage Share	Relationship to Participant
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>	<input type="text"/>

Participant understands that, if no beneficiary survives the Participant, the Participant's estate will be the sole beneficiary for the Account. Participant understands that, if Participant fails to indicate share percentages, all benefits will be divided equally among the primary beneficiaries (or contingent beneficiaries, if no primary beneficiary remains). Participant understands that the Participant may change or revoke this designation at any time by completing a new Beneficiary Designation form during the Participant's lifetime with Aspire. It will become effective when Aspire receives it. Completion of this form will revoke any prior beneficiary designations made for the account.

If Participant does not designate his/her spouse as the sole Primary Beneficiary, Participant represents and warrants that the Participant's spouse has consented to such designation.

Spousal Waiver: By signing below, the spouse of the Participant acknowledges (1) that he/she is the spouse of the Participant; (2) that he/she has received a fair and reasonable disclosure of the Participant's property and financial obligations; (3) that he/she has been advised to see a tax professional due to the important financial and tax consequences of giving up his/her interest in the Account; and (4) that neither Aspire nor the custodian of the Account has provided the Participant's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Participant hereby gives the Participant any interest the spouse has in the assets of the Account; consents to the beneficiary designations indicated above; and assumes full responsibility for any adverse consequences that may result.

Spouse Name

►
Spouse Signature

--
Date (month | day | year)

Notary Signature

Notary Name

County

State

►
Notary Signature

--
Commission Expiration Date (month | day | year)

Notary Seal

Signed before me

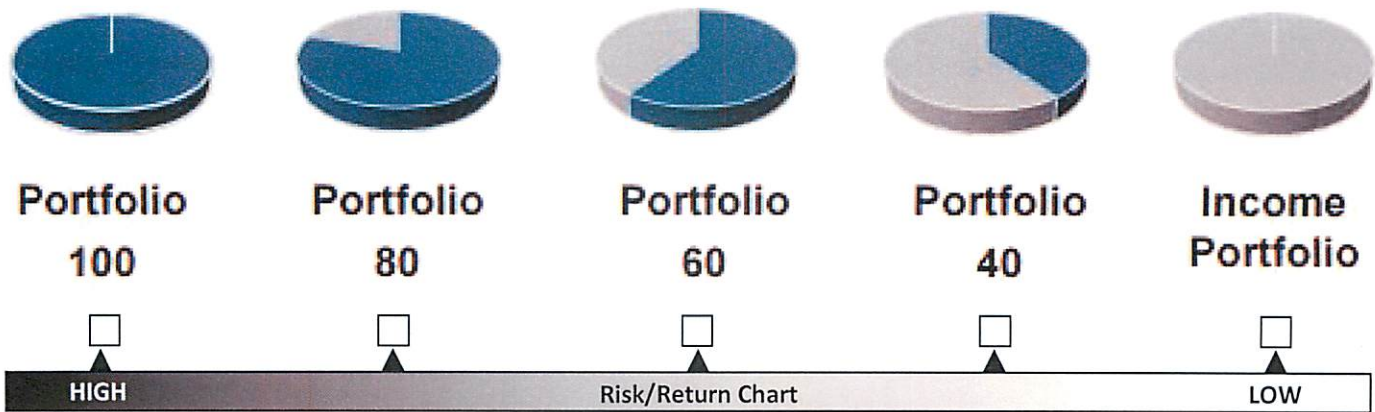
--
Date (month | day | year)

Step 4, Option 2 – Investment Strategist/Third Party Money Manager

Use this form to make your investment elections for your account.

SELECT YOUR INVESTMENTS

Predefined Model Portfolios: You may elect one model allocation. Please go to www.403bplan.net for details.



School Name _____ Date _____

Print Name _____ Signature _____

STEP 4 ACCOUNT INVESTMENT ELECTION

Do you want to have your account automatically rebalanced?

☐ No ☐ Yes (This feature automatically rebalances the investments in your account to maintain the asset allocation percentages that you elect.)

- | | |
|--|--|
| <input type="checkbox"/> Annual Rebalance | Annual (on or about 12/15) |
| <input type="checkbox"/> Quarterly Rebalance | Quarterly (on or about 3/15, 6/15, 9/15 and 12/15) |
| <input type="checkbox"/> Semi-Annual Rebalance | Semi-Annual (on or about 6/15 and 12/15) |

The Participant authorizes and instructs Aspire to invest contributions and/or rollovers to the Account as designated or as provided by an appointed Financial Professional or Investment Strategist. Participant acknowledges and agrees that Aspire does not and has not provided any recommendations or advice regarding the selection or suitability of any investment, Financial Professional, Investment Strategist, 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 order either directly or through an appointed third party, instructing Aspire to purchase shares on Participant's behalf upon receipt of account funding; (3) that Participant understands that the investment products purchased or sold in a transaction through Aspire are not insured by the FDIC, are not deposits or other obligations of Aspire, and are not guaranteed by Aspire or the custodian; (4) that Participant understands that the investment products purchased through Aspire are subject to 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.

☐ OPTION 1 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 %	Ticker Symbol	Investment Name	LW	Allocation %

Your total must equal 100%

TOTAL

☐ OPTION 2 INVESTMENT STRATEGIST/THIRD PARTY MONEY MANAGER

The Participant elects to have investments managed by an Investment Strategist available on the Aspire recordkeeping system. The Participant may select only one model portfolio. Additional fees charged by the Investment Strategist may apply. Participants should consult with their Financial Professional regarding the use of an Investment Strategist's model portfolio and related fees. For a listing of Investment Strategists available on Aspire's recordkeeping system, go to www.aspireonline.com/partners-solutions/strategic-partners/strategists-and-investment-managers.

NOTE: The portfolio description and allocation percentage for models must be conveyed to Aspire through separate correspondence from the Investment Strategist.

Investment Strategist Name:

Model Portfolio Name:

STEP 6 PARTICIPANT AGREEMENT

Participant represents and warrants that he/she has received, read, and is in agreement with all terms in this 403(b)(7) Application & Agreement Form, including the terms in the Aspire Terms and Conditions (including arbitration provisions), the 403(b)(7) Custodial Account Agreement (including arbitration policies), Aspire's privacy policy, and any applicable addendums to the Participant Agreement, all of which are incorporated by reference into this Participant Agreement. Participant agrees to be bound by the terms of this Participant Agreement (including the terms of incorporated documents), which may be changed, from time to time, upon notice from Aspire.

Participant appoints Matrix Trust Company as custodian for the 403(b)(7) established by this 403(b)(7) Application & Agreement Form and authorizes Matrix Trust Company (including its agents) to perform relevant custodial and administrative services. Participant appoints Aspire Financial Services, LLC (including its agents) as recordkeeper of the 403(b)(7) established by this 403(b)(7) Application & Agreement Form and authorizes Aspire to perform relevant recordkeeping and administrative services.

Participant understands and agrees that Aspire Financial Services, LLC may provide online access to the Account through the issuance of user names and passwords to Participant and other persons Participant authorizes to access the Account (e.g., a Financial Professional, an Investment Strategist, etc.). Further, Aspire may provide user names and passwords to Plan Administrators and/or other authorized persons/entities. Participant understands and agrees that persons/entities to which user names and passwords are issued are solely responsible for the security of the user name and password issued to him/her/it. Aspire shall be entitled to rely on the entry of a user name and password into Aspire's systems as confirmation of the identity of the person/entity to whom the user name and password were issued.

Participant understands and agrees that Aspire Financial Services, LLC may provide telephone access to the Account, but will use reasonable procedures to verify the identity of the Participant or other authorized person when servicing an account by telephone.

Participant understands and agrees that it is his/her exclusive responsibility to monitor the activity on the Account and to immediately report to Aspire any unauthorized access or transactions. Aspire retains the right to, but shall have no obligation to, monitor activity and transactions on the account.

Participant understands and agrees that certain annual fees will apply to the Account. These fees will include an Annual Maintenance Fee of \$40.00 and an Annual Custody and Administration fee of 0.15% of the value of the Account. 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 and agrees that these fees may change, from time to time, upon notice from Aspire.

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. 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 your account.

Participant understands and agrees that certain transaction fees will apply to the Account. These fees will include a Transfer-Out Fee of \$75.00, a Loan Application Fee of \$100.00, and a Distribution Fee of \$75.00. Recurring, scheduled distributions (e.g., installment payments) are subject to a Distribution Fee of \$10.00 per distribution after the \$75.00 Distribution Fee is applied to the first scheduled distribution. Additional fees for processing domestic relation orders may apply. These fees will be assessed when applicable request is processed and will be assessed, *pro rata*, from the assets in the Account. Participant understands and agrees that these fees may change, from time to time, upon notice from Aspire.

To the extent that any applicable law or regulation limits any of the fees applicable to this Account to amounts lower than those stated, the amount of the applicable fee shall be reduced to the maximum amount allowed under applicable law or regulation.

To the extent that Participant has appointed a Financial Professional to be paid on a percentage basis in Step 4 of this 403(b)(7) Application & Agreement Form, the Participant understands and agrees that the compensation set forth will be assessed on a quarterly or monthly billing cycle and will be assessed, *pro rata*, from the assets in the Account.

To the extent that Participant has appointed an Investment Strategist in Step 3 of the 403(b)(7) Application & Agreement Form, the Participant understand and agrees that the applicable fees of the Investment Strategist will be assessed from the assets in the Account. Participant instructs Aspire to rely on information provided by the Investment Strategist with regard to the agreed-upon amount, timing and method for assessment of the Investment Strategists fees.

Participant authorized and instructs Aspire to assess the above-referenced fees (and any other fees Participant may later agree to have assessed against the account) against the account registered in the Participant's name established under this 403(b)(7) Application & Agreement Form.

Participant understands and agrees that, if the Internal Revenue Service has notified Participant that he/she is currently subject to backup withholding because Participant has failed to report all interest and dividends on his/her tax return, Participant must cross out item 2 in the certification below. By signing below, under penalty of perjury, Participant certifies that:

1. The number shown on this form is the Participant's correct taxpayer identification number (or Participant is waiting for a number to be issued to him/her), and
2. Participant is not subject to backup withholding because: (a) Participant is exempt from backup withholding, or (b) Participant has not been notified by the Internal Revenue Service ("IRS") that he/she is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified Participant that he/she is no longer subject to backup withholding, and
3. Participant is a U.S. citizen or U.S. resident alien.

Participant Name

□□□-□□-□□□□

Social Security Number

▶

Participant Signature

□□-□□-□□□□

Date (month | day | year)

Fax this form to 813.466.7523 or mail to: Aspire, 4010 Boy Scout Blvd., Suite 450, Tampa, FL 33607.

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