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# **PAYROLL DEDUCTION IRA**

## **APPLICATION & AGREEMENT**

CUSTODIAN – MATRIX TRUST COMPANY

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4010 Boy Scout Blvd., Suite 450  
Tampa, Florida 33607  
Ph: 866.634.5873  
Fx: 813.425.9790  
[www.aspireonline.com](http://www.aspireonline.com)

# IRA ACCOUNT APPLICATION CHECKLIST

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**Please ensure you choose the Account option, it can be either Traditional or Roth.**

**To establish a new IRA account, it is important to adhere to the procedures listed below:**

- STEP 1**     **Account Holder Information:** ALL information is REQUIRED. Please include a valid email address to which Aspire can send important account information.
- STEP 2**     **Employer Information:** Please enter your employer's information.
- STEP 3**     **Beneficiary Designation:** Please indicate who will receive the value of your retirement account should you die. If your spouse is not your primary beneficiary, please have your spouse sign in the designated area and have the form notarized.
- STEP 4**     **Funding Your Account:** Explains how your Account will be funded.
- STEP 5**     **Appointment of Financial Professional:** If you choose to make your own investment choices, it is not necessary to fill out the Appointment of Financial Professional form.
- STEP 6**     **Account Investment Election:** Use this form to instruct Aspire Financial Services, LLC ("Aspire") about how you want to invest your contributions. Be sure to read carefully the prospectuses for any mutual funds in which you elect to invest. Prospectuses are available from the fund family.
- STEP 7**     **Authorization & Signature:** Please read the IRA Account Application & Agreement in its entirety and agree to the terms by signing and dating.

**The following documents can be located in the Forms & Documents Library section of the Resource Center at [www.aspireonline.com](http://www.aspireonline.com).**

- ☐ **Salary Deferral Agreement (Please complete and provide to your employer)**
- ☐ **Aspire IRA Terms & Conditions**
- ☐ **IRA Custodial Account Agreement (Traditional or Roth)**
- ☐ **IRA Disclosure Statement (Traditional or Roth)**
- ☐ **IRA Financial Disclosure (Traditional or Roth)**

**FAX (preferred):**

Attn: Enrollment Department  
813.466.7523

**Regular Mail or Overnight Delivery:**

Aspire Financial Services  
Attn: Enrollment Department  
4010 Boy Scout Blvd.  
Suite 450  
Tampa, FL 33607

Please review the above before you submit your account application.

Thank you,  
Aspire Financial Services, LLC

# Payroll Deduction IRA Account Application and Agreement



Use this form to establish one of the following IRA accounts with Aspire.

**Type of IRA Account:** ☐ Traditional ☐ Roth

- **If you do not choose an option, the account type will be traditional.**
- If you would like both a traditional and Roth account, separate applications must be completed.

**Important information about procedures for opening a new account:** 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 an Account Holder:** When an Account Holder opens an account, Aspire requests the Account Holder's name, address, date of birth and other information that will allow Aspire to identify the Account Holder. In some circumstances, Aspire may also request a copy of the Account Holder's driver's license and/or other identifying documents.

## STEP 1 ACCOUNT HOLDER INFORMATION

First Name		Last Name		M.I.
<input type="text"/>		<input type="text"/>		<input type="text"/>
Social Security Number		Date of Birth (month   day   year)		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="text"/>		<input type="text"/>		<input type="text"/>
Home/Legal Street Address (P.O. Boxes <b>not</b> accepted)				
<input type="text"/>				
City		State	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Mailing Address (P.O. Boxes accepted)				
<input type="text"/>				
City		State	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home Telephone Number		Business Telephone Number		Cellular Telephone Number
<input type="text"/>		<input type="text"/>		<input type="text"/>
Email Address*				
<input type="text"/>				
Mother's Maiden Name		If known by another name please specify		
<input type="text"/>		<input type="text"/>		
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID		ID Number	Place of Issuance	Expiration Date
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Country(ies) of Citizenship (must list all)		Country of Legal Residence		
<input type="text"/>		<input type="text"/>		

\* By providing an e-mail address, Account Holder 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. Account Holder's consent will be in effect until revoked. Account Holder may request no-cost written copies of any electronically delivered documents and/or may revoke his/her consent to electronic delivery by contacting Aspire.

## STEP 2 EMPLOYER INFORMATION

Employer	Occupation/Position
<input type="text"/>	<input type="text"/>
Employer Contact Person	Employer Telephone Number
<input type="text"/>	<input type="text"/>
Employer Address	
<input type="text"/>	
City	State Zip
<input type="text"/>	<input type="text"/>

**STEP 3** 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.

(Must be completed)

Date (month | day | year)

☐ Primary
 ☐ Contingent

Beneficiary's Name (first, middle, last) or Entity Name

Address

City

State

Zip

Daylight Telephone Number

Evening Telephone Number

Email Address

Social Security Number

Date of Birth (month | day | year)

Percentage Share

Relationship to Account Holder

☐ Primary
 ☐ Contingent

Beneficiary's Name (first, middle, last) or Entity Name

Address

City

State

Zip

Daylight Telephone Number

Evening Telephone Number

Email Address

Social Security Number

Date of Birth (month | day | year)

Percentage Share

Relationship to Account Holder

Account Holder understands that, if no beneficiary survives him or her, the Account Holder's estate will be the sole beneficiary for the Account. Account Holder understands that, if Account Holder fails to indicate share percentages, all benefits will be divided equally among the primary beneficiaries (or contingent beneficiaries, if no primary beneficiary remains).

Account Holder understands that he/she may change or revoke this designation at any time by completing a new Beneficiary Designation form during his/her lifetime with Aspire. It will become effective when Aspire receives it. Completion of this form will revoke any prior beneficiary designations made for the IRA account.

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

**Spousal Waiver:** By signing below, the spouse of the Account Holder acknowledges (1) that he/she is the spouse of the Account Holder; (2) that he/she has received a fair and reasonable disclosure of the Account Holder'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 Account Holder's spouse with any tax, legal, or investment advice. By signing below, the spouse of the Account Holder hereby gives the Account Holder 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

Commission Expiration Date (month | day | year)

County

State



Notary Signature

Signed before me

Date (month | day | year)

Notary Seal

**STEP 4 FUNDING YOUR ACCOUNT****Contributions to your Payroll Deduction IRA:**

The Account Holder's employer, through the Payroll Deduction IRA Program, has agreed (based on the directions of the Account Holder) to withhold money and send the contribution directly to the Account Holder's Payroll Deduction IRA account. The Account Holder is to complete the Salary Deferral Agreement and provide this to the Account Holder's employer. When the employer transmits the funds, the contribution will be credited to Account Holder Payroll Deduction IRA account.

**Transfer of an eligible retirement account to your Aspire Payroll IRA Account:**

Please complete the Transfer Rollover Form-Custodian-MG Trust form located at:

**<https://www.aspireonline.com/resources/forms-documents-library>.**

Please check with the sending institution to learn about any additional requirements it may have.

**ADDITIONAL CONTRIBUTIONS:**

To make additional Contributions to the Payroll IRA, the Account Holder may send a check. ***It is the Account Holder's responsibility to maintain contributions within the limits approved by the IRS.***

- Make checks Payable to:  
**Matrix Trust Company FBO "Account Holder Name"**
- In the check memo line:  
**TPA 000388, Account Number 07CXXXXX**
- Mail the check with the letter of instruction (include Account Holder Name, IRA Account Number and Contribution Year) to:  

<b>Regular Mail:</b>	<b>Matrix Trust (DEN) Attn: TPA 000388 PO Box 3595 New York, NY 10008-3595</b>
<b>Overnight/Special Delivery:</b>	<b>JPMorgan Chase – Lockbox Processing Attn: Matrix Trust (DEN) – Lockbox 3595 4 Chase Metrotech Center 7<sup>th</sup> Floor East Brooklyn, NY 11245</b>

**STEP 5 APPOINTMENT OF FINANCIAL PROFESSIONAL**

- ☐ **I will self-direct**
- ☐ **I choose to appoint a Financial Professional**

**Complete to appoint a Financial Professional to the account indicated on the IRA Account Application and Agreement. If you do not complete, you are choosing to make your own investment choices, i.e., to self-direct your IRA. Continue to Step 6: Account Investment Election, Option 1.**

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 terms 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 to act as the Account Holder's Financial Professional and 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. To the extent set forth below, Account Holder authorizes Aspire to assess and remit payment to the Financial Professional. This authorization will remain in full force and effect until Aspire receives written notice of its revocation signed by Account Holder. The authorization shall extend to the benefit of Aspire's successors and assigns.

**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. 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. 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.

**FINANCIAL PROFESSIONAL INFORMATION (This section to be completed by Financial Professional)**

I am/we are acting as a:

**Registered Investment Advisor (RIA)**

Compensation as indicated below.

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	_____ %

A proportionate share of this amount will be assessed following the end of each monthly or quarterly billing cycle and will be determined based on the value of assets in the Account at the end of the applicable billing cycle.

**FINANCIAL PROFESSIONAL CONTACT INFORMATION**

Financial Professional Name and Title

Company Name

Address 1

Address 2

City

State

Zip

Telephone Number

Ext.

Fax

Email

Website

Broker Dealer Name

Broker Dealer Number (NSCC Code)

Branch Number ID (if applicable)

Rep ID (if applicable)

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

**PAYMENT INFORMATION (This section MUST be completed by Financial Professional in order to receive compensation on Aspire accounts)**
**Registered Investment Advisor**

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

 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 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 6 ACCOUNT INVESTMENT ELECTION

Be sure to read carefully the prospectuses for any mutual funds in which you elect to invest. Prospectuses are available from the fund family.

**Choose option 1, or 2.**

## ☐ **OPTION 1** YOUR INVESTMENT CHOICES

Select this option if you are making your own investment selections. Include the ticker symbol, investment name and allocation percentage. The allocations must total 100%.

[illegible]

You may elect to have your account automatically rebalanced. This means that the investments in your account will automatically be rebalanced to maintain the asset allocation percentages that you elect.

Do you want to have your account automatically rebalanced? ☐ Yes ☐ No

- |  |  |
|--|--|
| <input type="checkbox"/> Annual Rebalance      | Annual (on or about 12/15)                       |
| <input type="checkbox"/> Quarterly Rebalance   | Quarter (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)         |

**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.



☐ **OPTION 2** INVESTMENT MODEL PORTFOLIO SELECTED BY INVESTMENT STRATEGIST/THIRD PARTY MONEY MANAGER ("INVESTMENT STRATEGIST")

Select this option if you have elected to invest through use of a model portfolio provided by Investment Strategists on the Aspire platform. Additional fees may apply.

For a listing of available Investment Strategists, go to:

<https://www.aspireonline.com/partners-solutions/strategic-partners/strategists-and-investment-managers>\*

Please consult with your Financial Professional before selecting an Investment Strategist.

**Important:** The portfolio description and allocation percentage for the model named below as well as the terms of the compensation agreement must be conveyed through separate correspondence from the Investment Strategist.

**Investment Strategist Name:**

**Model Portfolio Name:**

\*Aspire provides a list of Investment Strategists solely for the convenience of the Account Holder. Aspire does not endorse or recommend the services of any Investment Strategist.

## STEP 7 AUTHORIZATION & SIGNATURE

By signing below:

Account Holder represents and warrants that he/she has received, read and is in agreement with all terms in the IRA Account Application and Agreement. The Account Holder represents and warrants that he/she has read the following documents that are available in the documents section on <https://www.aspireonline.com/resources/forms-documents-library>: Aspire IRA Terms and Conditions (including arbitration provisions), Aspire Privacy Policy, Traditional or Roth IRA Custodial Account Agreement, Traditional or Roth IRA Disclosure Statement and Traditional or Roth IRA Financial Disclosure; all of which are incorporated by reference into the terms of this Aspire Payroll IRA Account Application and Agreement. Account Holder agrees to be bound by the terms of this Aspire Payroll IRA Account Application and Agreement (including the terms of incorporated documents), which may be changed, from time to time, upon notice from Aspire.

Account Holder appoints MG Trust Company as custodian for the IRA established by this IRA Application and Agreement and authorizes MG Trust Company (including its agents) to perform relevant custodial and administrative services in accordance with the terms and conditions of the Custodial Account Agreement. Account Holder agrees to be bound to the terms of the Custodial Account Agreement, including the arbitration provisions thereof. Account Holder appoints Aspire Financial Services, LLC (including its agents) as recordkeeper of the IRA established by this IRA Application and Agreement and authorizes Aspire to perform relevant recordkeeping and administrative services.

Account Holder understands and agrees that Aspire Financial Services, LLC may provide online access to the Account through the issuance of user names and passwords to Account Holder and other persons Account Holder 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. Account Holder 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.

Account Holder 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 Account Holder or other authorized person when servicing an account by telephone.

Account Holder 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.

Account Holder 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 quarterly or monthly billing cycle and will be assessed, pro rata, from the assets in the Account. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

Account Holder understands and agrees that certain transaction fees will apply to the Account. These fees will include a Transfer-Out Fee or 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. These fees will be assessed when the Transfer-Out or Distribution is processed and will be assessed, pro rata, from the assets in the Account. Account Holder understands and agrees that these fees may change, from time to time, upon notice from Aspire.

To the extent that Account Holder has appointed a Financial Professional, the Account Holder understands and agrees that the Financial Professional's compensation will be assessed and remitted as indicated in the documentation of the Financial Professional's appointment.

To the extent that Account Holder has appointed an Investment Strategist on the Account Investment Election, Account Holder understands and agrees that the applicable fees of the Investment Strategist may be assessed from the assets in the Account. Account Holder 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 Strategist fees.

Account Holder authorizes and instructs Aspire to assess the above-referenced fees (and any other fees Account Holder may later agree to have assessed against his/her Account) against the IRA Account established under this IRA Account Application and Agreement.

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

1. The number shown on this form is the Account Holder's correct taxpayer identification number (or Account Holder is waiting for a number to be issued to him/her), and
2. Account Holder is not subject to backup withholding because: (a) Account Holder is exempt from backup withholding, or (b) Account Holder 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 Account Holder that he/she is no longer subject to backup withholding, and
3. Account Holder is a U.S. citizen or U.S. resident alien.

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



Account Holder 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.

**Questions?** Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.