

EXCHANGE, TRANSFER, OR ROLLOVER REQUEST

CUSTODIAN - MATRIX TRUST COMPANY

RETIREMENT ACCOUNT EXCHANGE | TRANSFER | ROLLOVER CHECKLIST

Please note before you complete this form: If you do not currently hold an account with Aspire Financial Services (Aspire), you must complete a retirement account application prior to requesting an Exchange | Transfer | Rollover. **For rollovers from 401(k) plans, you must initiate the transaction directly with the sending institution. Then you must provide Aspire with a copy of all necessary documentation.**

For Aspire to process an Exchange | Transfer | Rollover Request, it is important that you adhere to the procedures and provide the documentation listed below:

☐ **Employer and/or Third Party Administrator's Authorization Form**

Please check with your Employer and/or Third Party Administrator for additional procedures and documentation for the approval of Exchange | Transfer | Rollover request. This authorization form must be signed prior to submittal of Exchange | Transfer | Rollover paperwork.

☐ **Aspire's Exchange | Transfer | Rollover Request Form**

STEP 1 **Account Holder information:** ALL information is required.

STEP 2 **Destination Account:** Indicate what type of account should receive the assets.

STEP 3 **Current Account Information:** ALL information is required. Required Documents include:

- ☐ **Account Statement:** Please provide a copy of your current account statement
- ☐ **Surrendering Vendor Form (if applicable):** Please verify the Exchange | Transfer | Rollover policy with the sending institution and obtain any necessary distribution forms. Generally, you must call the surrendering vendor to obtain the proper information and/or forms.

STEP 4 **Exchange | Transfer | Rollover Instructions.** Please indicate the method of Exchange | Transfer | Rollover – select **only** one method.

STEP 5 **Signature and Acceptance:** Signatures **REQUIRED** for the following:

- Account Holder
- Employer/Plan Administrator

A Signature Guarantee is **mandatory** for the Account Holder's Signature. The Signature Guarantee requirement on Employer/Plan Administrator signature is dependent on the surrendering vendor's policy. Please verify requirements with surrendering vendor.

Financial Advisors: Please route forms through your home office for Signature Guarantees.

Account Holders not using Financial Advisor services may obtain a Signature Guarantee from a local bank.

Please review the above before you submit your request. **Incomplete forms will not be processed and will be returned to you and/or your Financial Advisor.**

Thank you,
Aspire Financial Services, LLC

Important Note to Financial Advisors:
Please fill out the Broker/Dealer contact information completely.

EXCHANGE | TRANSFER | ROLLOVER REQUEST

Account Number

Complete this form to move funds into an Aspire retirement account. Please note that money received as an Exchange | Transfer | Rollover will be invested in accordance with the Account Holder's investment instructions in effect at that time. The completed form, including the Employer/Administrator signature if applicable, should be mailed to the address on the bottom of this form for processing. Please attach a copy of a recent account statement. Please contact the Employer or the resigning Insurance Company/Custodian for additional forms or requirements prior to submitting this form. **NOTE: For rollovers from 401(k) plans, the Account Holder must initiate the transaction directly with the sending institution.**

- ☐ **Contract Exchange:** exchange assets within current employer's plan from an approved provider to Aspire.
- ☐ **Plan-to-Plan Transfer:** move assets from an account with the prior employer to the new account with the current employer.
- ☐ **Direct Rollover:** transfer of assets from one plan type to another (i.e., 401(k) to 403(b), 403(b) to IRA, etc.)
- ☐ **Other:** _____

STEP 1 ACCOUNT HOLDER INFORMATION

First Name _____ M.I. _____ Last Name _____

Home/Legal Street Address (P.O. Boxes **not** accepted) _____ Apartment/Suite _____

City _____ State _____ Zip _____

Home Telephone Number _____ Email Address _____ Social Security Number _____

Current Employer Name _____ Current Employer Phone Number _____ Plan ID # _____

STEP 2 DESTINATION ACCOUNT

Account Holder requests the assets be exchanged | transferred | rolled over into Account Holder's Aspire account indicated below (check only 1 box):

- | 403(b) | 401(k) | IRA | |
|--------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Pre-Tax | | | <input type="checkbox"/> SIMPLE IRA |
| <input type="checkbox"/> ORP | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> SEP or SAR-SEP |
| <input type="checkbox"/> Roth | <input type="checkbox"/> Roth | <input type="checkbox"/> Roth | <input type="checkbox"/> 457 Plan |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> After Tax | <input type="checkbox"/> Other Acct. _____ |

STEP 3 SENDING ACCOUNT INFORMATION

Please verify the Exchange | Transfer | Rollover policy of the sending institution. If necessary, obtain the sending institution's Exchange | Transfer | Rollover paperwork. Please attach a copy of a recent account statement. The assets exchanged | transferred | rolled over into this plan result from an exchange | transfer | rollover from this type of account (check only 1 box):

- | 403(b) | 401(k) | IRA | |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Pre-Tax | | | <input type="checkbox"/> SIMPLE IRA |
| <input type="checkbox"/> ORP | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> Pre-Tax | <input type="checkbox"/> SEP or SAR-SEP |
| <input type="checkbox"/> Roth | <input type="checkbox"/> Roth | <input type="checkbox"/> Roth | <input type="checkbox"/> 457 Plan |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> After Tax | |

Name of Insurance Company or Current Custodian (where funds are currently held) _____ Contract/Account Number _____

Mailing Address _____ Dept _____

City _____ State _____ Zip _____ Telephone Number _____

If requesting a Plan-to-Plan transfer, please provide the following information:

Former Employer Name _____ Former Plan ID # _____ Former Employer Telephone Number _____

By this Agreement, Account Holder directs the Insurance Company/Custodian to transfer the cash surrender value/asset value of his/her tax-sheltered annuity contract/retirement custodial account as indicated below.

Please initial to acknowledge the following statements:

_____ Account Holder acknowledges that shares on the Aspire platform will be held at the plan level and may not be eligible for aggregation with Account Holder's personal and/or individual assets for breakpoint purposes.

_____ Account Holder acknowledges that transfer assets are subject to any and all account fees assessed by Aspire.

STEP 4 EXCHANGE/TRANSFER/ROLLOVER INSTRUCTIONS (INSTRUCTIONS TO THE CURRENT INSURANCE COMPANY OR CUSTODIAN)

May not be applicable for rollovers coming from 401(k) plans. These transactions must be initiated by the Account Holder, directly from the sending institution.

- ☐ Transfer _____% of the cash surrender value/asset value of the eligible retirement account.*
- ☐ Transfer \$ _____ of the cash surrender value/asset value of the eligible retirement account.*
- ☐ Penalty Free Amount: Liquidate and transfer the value of the eligible retirement account which is not subject to surrender or CDSC charges.*
- ☐ Transfer all of the assets in-kind into the existing retirement custodial account (transfer in kind may be subject to fund availability and account/plan provisions).

Note: The transfer in-kind option is only available for 403(b) to 403(b) and 457 to 457 transfers. Please contact Aspire and/or your plan's sponsor before selecting this option.

Note: Any in-kind transfer of assets in which share classes of the transfer is different from the share class of the current investment elections may result in those shares being restricted from internal transfers, realignments, or rebalance transactions. Account Holder or Account Holder's authorized agent may contact Aspire to move these assets if desired.

*Liquidated/Cash transfers will be invested as per my current investment elections.

STEP 5 SIGNATURE & ACCEPTANCE**ACCOUNT HOLDER SECTION**


Transfer the above mentioned account/contract to a retirement account offered by Aspire Financial Services, LLC ("Aspire") with a designated custodian. Account Holder understands that he/she may deposit only retirement funds that are allowed under his/her current Employer's Plan. Account Holder has verified with his/her current Employer that these funds can be deposited according to the Plan Provisions. **By signing below Account Holder declares this information is correct.**

► 
Account Holder Signature


Date (month | day | year)

Signature Guarantee: The existing retirement account provider may require a signature guarantee of the Account Holder. To obtain a signature guarantee, the Account Holder must sign this form and have it medallion signature guaranteed. A notarization from a notary public does not meet signature guarantee requirements.


► 
Authorized Signature (Stamp and Title)


Date (month | day | year)

SPONSOR SECTION

Based on the information above, this exchange | transfer | rollover contribution is acceptable according to the plan provisions. The Custodian named below is hereby directed to accept this rollover contribution.

► 
Employer/Plan Administrator Signature


Date (month | day | year)

FINANCIAL PROFESSIONAL SECTION (if applicable)

Financial Professional Name Telephone Number Email

Broker Dealer Firm FANumber Branch Number


Branch Address Suite/Bldg.


City State Zip

LETTER OF ACCEPTANCE

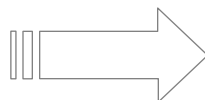
Aspire or its designee has established an account with the designated custodian and both parties will accept the transfer as described in STEP 4 - "Exchange | Transfer | Rollover Instructions."

Matrix Trust Company, LLC hereby acknowledges acceptance of the assets for the account as described in Step 3, into the above referenced account.

► 
Title and Authorized Signature
Aspire/Matrix Trust Company


Date (month | day | year)

**Surrendering firm
mailing instructions:**



Make Checks Payable to:

Matrix Trust Company – TPA 000388

FBO: (Participant Name)

Aspire Acct. # _____

Plan Acct. # _____

Mail or Overnight Checks to:

PCS Retirement - Aspire Financial Services
9450 SW Gemini Dr. PMB 65198
Beaverton, Oregon 97008-7105

This form and all required supporting documents can be uploaded through the form submission tool at www.aspireonline.com/resources/forms-submission-tool or email to: transfers@pcsetirement.com. **If you do not know which custodian is applicable to your account, please call Client Services at 866.634.5873.**