# RETIREMENT ACCOUNT

## Exchange | Transfer | Rollover Request

### (MG Trust Company)

Consolidate your retirement assets at Aspire

aspire
Smart Retirement Solutions
4010 Boy Scout Blvd., Suite 450
Tampa, Florida 33607
www.aspireonline.com

# 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. ***Note—Select the first box for In-Kind requests; if necessary, attach additional documentation**. For liquidation requests, select one of the three remaining three boxes.

**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.**

Please mail the completed form and all required supporting documents to: Aspire Financial Services, LLC, ATTN: Exchange | Transfer | Rollover Dept., 4010 Boy Scout Blvd., Suite 450, Tampa, FL 33607. **Questions?** Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

# 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** | |
|---|---|---|---|
| ❑ Pre-Tax | | | ❑ **SIMPLE IRA** |
| ❑ ORP | ❑ Pre-Tax | ❑ Pre-Tax | ❑ **SEP or SAR-SEP** |
| ❑ Roth | ❑ Roth | ❑ Roth | ❑ **457 Plan** |
| ❑ Other______ | ❑ Other______ | ❑ After Tax | ❑ **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** | |
|---|---|---|---|
| ❑ Pre-Tax | | | |
| ❑ ORP | ❑ Pre-Tax | ❑ Pre-Tax | ❑ **SIMPLE IRA** |
| ❑ Roth | ❑ Roth | ❑ Roth | ❑ **SEP or SAR-SEP** |
| ❑ Other______ | ❑ Other______ | ❑ After Tax | ❑ **457 Plan** |

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 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: Any in-kind transfer of assets in which the share class 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.***
- ❑ Penalty Free Amount: Liquidate and transfer the value of the eligible retirement account which is not subject to surrender or CDSC charges.*
- ❑ 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.*

***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 ____________ FA Number ____________ Branch Number ____________

Branch Address ____________ Suite/Bldg. ____________

City ____________ State ____________ Zip ____________

### FOR ADMINISTRATOR INVESTMENT VENDOR USE ONLY

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."

▶ Authorized Signature Aspire/Custodian

Date (month | day | year)

## Surrendering firm mailing instructions:

Make Checks Payable to:

**MG Trust Company**

FBO: (Participant Name)
Aspire Acct. # ____________
Plan Acct. # ____________

**Mail Checks to:**

Aspire Financial Services, LLC
ATTN: Transfers Department
4010 Boy Scout Blvd., Ste. 450
Tampa, FL 33607

**If you do not know which custodian is applicable to your account, please call Client Services at 866.634.5873**