

LORD ABBETT SIMPLE IRA APPLICATION & AGREEMENT

CUSTODIAN - AdvisorTrust, Inc.
(Sub-custodian - Matrix Trust Company)

SIMPLE IRA ACCOUNT APPLICATION CHECKLIST



To establish a new SIMPLE 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 PCS Retirement, LLC (including its subsidiary, Aspire Financial Services, LLC) ("PCS") can send important information.

STEP 2

Employer Information: Please enter 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: Please read the information about funding your account.

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 PCS 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.

Your employer will provide you the Participation Notice & Summary Description for the SIMPLE IRA Plan.

Email:

IRAServices@PCSRetirement.com

Upload:

Aspire Submission Tool www.pcsretirement.com/aspire/tools/forms-submission-tool

Thank you for choosing Aspire Financial Services, LLC

SIMPLE IRA Account Application and Agreement



<input type="text"/>	Plan ID is not required.
Plan ID #	

Important Information About Procedures for Opening a New Account: To help 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 ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

STEP 1 ACCOUNT HOLDER INFORMATION

First Name		Last Name		M.I.	
<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)		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
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	

* 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 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 PCS.

STEP 2 EMPLOYER INFORMATION

Employer/Plan Name (required)		Occupation/Position	
Employer Contact Person		Employer Telephone Number	
Employer Address			
City		State	Zip

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)

<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"/> <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="text"/>	<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number		Date of Birth (month day year)	Percentage Share Relationship to Account Holder

<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"/> <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="text"/>	<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 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 PCS. It will become effective when PCS 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 PCS (including its affiliates and agents) nor the custodian of the Account 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

County

State

Notary Signature

Signed before me

 - -

Date (month | day | year)

 - -

Commission Expiration Date (month | day | year)

Notary Seal

STEP 4 FUNDING YOUR ACCOUNT

Contributions to your SIMPLE IRA are made through your employer's SIMPLE IRA Plan:

The employer contributions may be either matching contributions or non-elective contributions. Please refer to the Account Holder Notice and Summary Plan Description. As funds are received from your employer they will be credited to your account.

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 Form, 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 PCS nor its affiliates or 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 Financial Professional and to exercise all rights and powers set forth herein with respect to the Account. Account Holder may revoke this authorization by notifying PCS in writing, but such notification will not affect the Account responsibility for any actions of the Financial Professional prior to PCS's receipt and processing of the Notification. Account Holder, authorizes PCS, to pay the Financial Professional from assets held in the account registered in the Account Holder's name any fees/commissions ("compensation") due to the Financial Professional. Payment of compensation will be billed quarterly in arrears. Compensation shall be determined based on the value of the assets held in the account registered in the Account Holder's name at the end of each quarter. This authorization will remain in full force and effect until PCS shall have received from the Account Holder written notice of its revocation signed by the Account Holder. The authorization shall extend to the benefit of PCS'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 PCS 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 PCS 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 PCS 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:

Registered Representative
Compensated by commissions and applicable sales charges as paid by the mutual fund companies in which the Participant is invested.

FINANCIAL PROFESSIONAL CONTACT INFORMATION

Financial Professional Name and Title

Company Name

Address 1

Address 2

City State Zip

Telephone Number Ext. Fax

Email Website

NOTE: The additional information below is required ONLY if the compensation is to be paid to the Broker Dealer. If compensation is to be paid to an RIA firm, make sure the RIA firm name is listed as the Company Name above, and do not complete the information below.

Broker Dealer Name Broker Dealer Number (NSCC Code)

Branch Number ID (if applicable) Rep ID (if applicable)

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 PCS of any changes with regard to these representations and warranties. If PCS becomes aware of any breach of these representations or warranties, or if PCS receives instructions from the employer that sponsors the applicable plan to do so, PCS may terminate Financial 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 PCS and its affiliates and their respective directors, officers, employees, agents, successors, and assigns from all liabilities and costs, including attorneys' fees, incurred by reliance on the statements included herein.

►

Financial Professional Signature

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Date (month | day | year)

Upload this form through the form submission tool at www.pcsretirement.com/aspire/tools/forms-submission-tool
Email: IRAServices@PCSRetirement.com Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST

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 & Agreement and the following documents available at <https://www.aspireonline.com/resources/forms-documents-library>, all of which are incorporated by reference into the terms of this IRA Application Agreement: PCS/Aspire IRA Terms and Conditions (including arbitration provisions), PCS/Aspire Privacy Policy, SIMPLE IRA Custodial Account Agreement - AdvisorTrust, SIMPLE IRA Disclosure Statement - AdvisorTrust, and SIMPLE IRA Financial Disclosure - AdvisorTrust. Account Holder agrees to be bound by the terms of this IRA Account Application & Agreement (including the terms of incorporated documents), which may be changed from time to time upon notice from PCS Retirement, LLC (including its subsidiary, Aspire Financial Services, LLC) ("PCS"). Financial disclosures are available at <https://aspireonline.com/lordabbett>.

Account Holder appoints AdvisorTrust, Inc. ("AdvisorTrust") as custodian for the IRA established by this IRA Application & Agreement and authorized AdvisorTrust, including its agents, to perform relevant custodial and administrative services in accordance with the terms and conditions of the SIMPLE IRA Custodial Account Agreement - AdvisorTrust. Account Holder agrees to be bound by the terms of the SIMPLE IRA Custodial Account Agreement - AdvisorTrust, including the arbitration provisions thereof. Account Holder appoints PCS (including its subsidiary, Aspire Financial Services, LLC and its agents) as recordkeeper for the IRA established by this IRA Application & Agreement and authorizes PCS to perform relevant recordkeeping and administrative services.

Account Holder understands and agrees that PCS may provide online access to the IRA, through the issuance of user names and passwords, to Account Holder and other persons Account Holder authorizes to access the IRA (e.g., a Financial Professional, an Investment Strategist, etc.). Further, PCS 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. PCS (and its affiliates and agents) shall be entitled to rely on the entry of a user name and password into the recordkeeping system as confirmation of the identity of the person/entity to whom the user name and password were issued.

Account Holder understands and agrees that PCS may provide telephone access to the IRA, but will use reasonable measures 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 IRA and to immediately report to PCS any unauthorized access or transactions. PCS retains the right to, but shall have no obligation to, monitor activity and transactions on the IRA.

Account Holder understands and agrees that certain annual fees will apply to the Account. These fees will include a Processing Fee of \$100.00. These fees will be assessed on a quarterly billing cycle and will be assessed, pro rata, from the assets in the Account. If Account Holder distributes all of the assets in the Account during the calendar year, the remainder of these annual fees may be assessed at the time of the distribution. Account Holder understands and agrees that these fees may change, from time to time, upon notice from PCS.

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 PCS.

Account Holder may log into the Account and elect whether to receive periodic account statements electronically or via hard copy. For hard copy periodic account statements, a fee of \$3.00 per statement, plus postage as incurred, will apply. There is no charge for periodic account statements received electronically. These fees will be assessed on a monthly or quarterly 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.

To the extent that Account Holder has appointed a Financial Professional, the Account Holder understands and agrees that the Financial Professional 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 PCS 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 PCS 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

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Date (month | day | year)