

# Entrepreneur Retirement Plan of America Enrollment Form

## STEP 1 Employee 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number			Date of Birth (month day year)			Date of Hire (month day year)		
Home/Legal Street Address (P.O. Boxes not accepted)								
City						State	Zip	
Mailing Address (P.O. Boxes accepted)								
City						State	Zip	
Daytime Phone Number			Evening Phone Number			Email Address		
Mother's Maiden Name			If known by another name please specify					
ID Number			<input type="checkbox"/> Drivers License <input type="checkbox"/> State ID <input type="checkbox"/> Passport		Place of Issuance		Expiration Date	
Country(ies) of Citizenship (Must List all)						Country of Legal Residence		

## STEP 2 Participation Election

Two types of contributions may be made: (i) pre-tax regular 401(k) contributions and (ii) after-tax Roth contributions

☐ **Regular 401(k) Contributions:** I elect to contribute  % or \$  of my salary per pay period.

☐ **Roth 401(k) Contributions:** I elect to contribute  % or \$  of my salary per pay period.

If I am eligible to make a Catch-Up Contribution, I authorize my employer to treat any amount of my contributions that exceeds any statutory (or plan) limits as Catch-Up Contributions to the extent such contributions do not exceed the applicable statutory Catch-Up Contribution limit.

I wish to designate this contribution on a ☐ Regular (pre-tax basis) ☐ Roth (after-tax basis) through payroll deduction.

☐ I do not wish to participate at this time.

By signing this agreement, I, the Employee, certify that I understand: 1) This Agreement will be effective with the next date allowable by the Plan or the Plan Administrator. 2) For each pay period, the Employer will contribute to the Plan the amount I have elected to reduce my compensation under the agreement ("Deferral Contributions"). For this purpose, compensation means my total wages reportable for federal income tax purposes. Deferral Contributions are not subject to federal or state income tax until distributed from the Plan, but are subject to Social Security taxes. This Agreement remains in effect until I revoke or modify it, in accordance with the Plan, by providing a new Enrollment Form to my Employer. 3) The amount of my Deferral Contributions may be subject to limitations set by the Plan or the Internal Revenue Service. 4) I may obtain further information from the Summary Plan Description or from my Employer.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for Employer to administer the Plan. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

►    
Employee Signature

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Date (month | day | year)

**STEP 3****Beneficiary Designation**

If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information.

<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div>
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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.

<input type="checkbox"/> Primary	<div style="border: 1px solid black; height: 20px;"></div>
<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name
<div style="border: 1px solid black; height: 20px;"></div>	
Address	
<div style="border: 1px solid black; height: 20px;"></div>	
City	State Zip
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Daytime Telephone Number	Evening Telephone Number Email Address
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Social Security Number	Date of Birth (month   day   year) Percentage Share Relationship to Participant
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
<input type="checkbox"/> Primary	<div style="border: 1px solid black; height: 20px;"></div>
<input type="checkbox"/> Contingent	Beneficiary's Name (first, middle, last) or Entity Name
<div style="border: 1px solid black; height: 20px;"></div>	
Address	
<div style="border: 1px solid black; height: 20px;"></div>	
City	State Zip
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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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 lives in a state with community property statutes and 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.

<div style="border: 1px solid black; padding: 5px;">▶ ACCOUNT HOLDER SIGNATURE</div>	<div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div>
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**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 Holders 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 Holders 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.

<div style="border: 1px solid black; padding: 5px;">▶ SPOUSE SIGNATURE</div>	<div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div>
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Signed before me \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<div style="border: 1px solid black; padding: 5px;">▶ NOTARY SIGNATURE</div>	<div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> — <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 15px; height: 20px;"></div>
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County of \_\_\_\_\_ State of \_\_\_\_\_ Commission expiration date \_\_\_\_\_.

# Account Investment Election Form

## STEP 1 Your Investment Choices

To invest in a pre-defined Model Portfolio, select from the list below. You may select only one model allocation, and the default percentage is automatically 100%.

Select Only One

- ☐ 1. Capital Preservation Model
- ☐ 2. Income Model
- ☐ 3. Growth & Income Model \*
- ☐ 4. Growth Model
- ☐ 5. Aggressive Growth Model

To create your own asset allocation, simply enter an amount from 1% to 100% in the row associated with that fund. The percentage allocations must total 100%. Any percentage remaining will automatically be allocated to the default investment for the Plan.

Ticker	Investment Name	Category	Allocation %
DFITX	DFA International Real Estate Sec I	Global Real Estate	
DWFIX	DFA World ex US Government Fxd Inc I	World Bond	
PREMX	T. Rowe Price Emerging Markets Bond	Emerging Markets Bond	
FICDX	Fidelity Canada	Miscellaneous Region	
PCRIX	PIMCO Commodity Real Ret Strat Instl	Commodities Broad Basket	
VIFSX	Vanguard 500 Index Signal	Large Blend	
VDMIX	Vanguard Developed Markets Index Inv	Foreign Large Blend	
VERSX	Vanguard Emerging Mkts Stock Idx Signal	Diversified Emerging Mkts	
VINEX	Vanguard International Explorer Inv	Foreign Small/Mid Blend	
VMISX	Vanguard Mid Cap Index Signal	Mid-Cap Blend	
VGRSX	Vanguard REIT Index Signal	Real Estate	
VSISX	Vanguard Small Cap Index Signal	Small Blend	
VBTSX	Vanguard Total Bond Market Index Signal	Intermediate-Term Bond	
VVISX	Vanguard Value Index Signal	Large Value	
VMMXX	Vanguard Prime Money Market	Taxable Money Market	

\*\* Please see note below regarding custom portfolio =====> Your total must equal 100% **TOTAL**

\* Growth & Income Model Portfolio is the default investment election if no investment(s) or model portfolio is selected above.

\*\* If a custom portfolio is created as opposed to selecting one of the pre-constructed portfolios, completion of the Beneficiary Acknowledgement and Acceptance form is required.

## STEP 2 Investment Authorization

I understand that, by signing and submitting this Investment Election form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Election information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

I understand that, upon enrollment, if my Plan allows, I will have telephone and/or internet privileges to perform transactions via the customer service call center and online retirement account. I understand that agents will execute on my instructions only when proper identification is simultaneously provided. This identification may consist of information that may reasonably be deemed necessary to establish my identity. I hereby give the right to tape record the telephone conversation of any telephone instructions received regarding my retirement account.

I understand that, in the event my Investment Election form is incomplete, I specifically consent to allocating monies to the default investment option selected by the Plan. Once an account has been established on my behalf, I understand that I must contact customer service or access the online retirement account in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected. I also understand that it is my obligation to review my quarterly statements and inform the Plan of any discrepancies or errors within 90 calendar days of the date of such statement.

In absence of other instructions, these investment allocations will be used to invest all other contribution sources (rollovers, transfers, etc.) into this account.

I have completed, understand, and agree to all pages of this Investment Election form.

►

Employee Signature

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Date (month | day | year)

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Print Full Name of Employee

□ □ □ — □ □ — □ □ □ □ □ □  
Social Security Number

Social Security Number

# Entrepreneur Retirement Plan of America

## Beneficiary Acknowledge and Acceptance

### Custom Portfolio Design

The Plan fiduciaries of the Entrepreneur Retirement Plan of America believe that the pre-constructed model portfolios provided as a part of the Plan's investment selections will give you the best opportunity for risk adjusted long-term investment gain. The Plan fiduciaries are required to be loyal to both plan participants and the beneficiaries of those participants.

Therefore, if you choose a strategy other than one of the pre-constructed model portfolios, the economic principles applied within those portfolios may be absent in your selection. Results the portfolios are intended to avoid may follow.

If you choose to design your own custom portfolio and not select one of the pre-constructed model portfolios, your primary beneficiary must acknowledge below, before a Notary Public, that he / she understands you are making a decision that could adversely affect his / her financial future.

#### **Beneficiary Acknowledge and Acceptance:**

I, \_\_\_\_\_, do hereby acknowledge that I am the named primary beneficiary of \_\_\_\_\_ retirement account in the Entrepreneur Retirement Plan of America. I do acknowledge and accept his / her decision to not select a pre-constructed model portfolio and I do understand and accept the potential adverse impact this may have on my financial future.

Beneficiary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Signature of Witness:**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date) by

\_\_\_\_\_ (name of person acknowledging).

Notary Public's Printed Name: \_\_\_\_\_

Notary Public's Signature: \_\_\_\_\_