



Plan Custodian Authorization Form

The Plan Sponsor listed below hereby authorizes Pentegra Trust Company to serve as Plan Custodian and as an approved investment vendor to the Plan.

PLAN SPONSOR PROFILE (SCHOOL DISTRICT OR NON PROFIT ORGANIZATION)

Plan Sponsor Name: _____
Contact Name: _____
Address 1: _____
Address 2: _____
City, State, Zip: _____
Phone Number: _____
Ext. _____
Fax: _____
Email: _____
Website address: _____
Type of Business: Governmental Non Profit Other _____
Employer Tax ID Number: _____
Type of Plan: 403(b) ORP 403(b) TSA 457 401(a)
Payroll Contact Name: _____
Phone : _____

AUTHORIZED PLAN SPONSOR PERSON(S) INFORMATION (OPTIONAL)

Any individual whom the Plan Sponsor authorizes on its behalf to have full access through the website to view and/or authorize distributions and loan processing MUST be an Authorized Person(s). Authorized Person(s) also will be responsible for reviewing all transactions, including but not limited to, verifying the accuracy of Plan contributions and Plan disbursement authorizations processed through the Plan Sponsor websites.

(We recommend that at least **two** people be authorized to sign. If additional Authorized Person(s) are desired, please make a copy of this page to provide additional Authorized Person(s) information.)

Authorized Person Signature: _____
Authorized Person Name: _____
Phone Number: _____
Email: _____

Authorized Person Signature: _____

Authorized Person Name: _____

Phone Number: _____

Email: _____

THIRD PARTY ADMINISTRATOR (TPA) INFORMATION

Company Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone Number: _____

Fax: _____

Email: _____

Website address: _____

RECORDKEEPER AND CUSTODIAN INFORMATION

Company Name: Pentegra Trust Company, c/o ASPIre

Address 1: 4010 Boy Scout Blvd

Address 2: Suite 500

City, State, Zip: Tampa, FL 33607

Phone Number: (866) 634-5873

Fax: (813) 425-9781

Email: info@aspireonline.com

Custodian Name: Pentegra Trust Company

Address 1: c/o Pentegra Retirement Services

Address 2: 108 Corporate Park Drive

City, State, Zip: White Plains, NY 10604

Phone Number: (800) 872-3473

Contact Name: Regina Montrony

Phone Number: (914) 821-9580

Fax: (914) 821-9582

Email: rmontrony@pentegra.com

Website: www.pentegra.com

APPROVED INVESTMENT FIRMS

An Investment Firm is a Registered Investment Advisor company with which financial advisors are affiliated to provide investment services. An Approved Investment Firm must have entered into a Financial Services Agreement with Pentegra Trust Company. Pentegra Trust Company also allows participants to manage their accounts without the services of a financial advisor (the "self-directed" account option).

Firm Name: _____
Contact Name(s): _____
Phone: _____
Email: _____

Firm Name: _____
Contact Name(s): _____
Phone: _____
Email: _____

PLAN INVESTMENTS

The Plan Sponsor may designate applicable investment options within the Pentegra Trust Company platform. Please select from the following Plan investment option elections:

- This option includes both options A and B below:
 - A. Open Fund Platform – This option allows Participants the choice to invest in any mutual fund available on the Pentegra Trust Company platform. (Available to participants choosing the "self-directed" account option.)

 - B. Approved mutual fund investments by authorized Investment Firms - This option allows for financial advisors to use mutual fund investments approved by the compliance department of their respective Investment Firms. (Available to participants working with a financial advisor.)

- Standardized mutual fund investment list for all Participants. This option is a specific list of investments by ticker symbol and fund name. Please list approved investments below. (A Plan Sponsor signature is required below, if this option in elected.)

Ticker	Mutual Fund Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Plan Sponsor

PLAN PROVISIONS

Plan Eligibility:

- Immediate
- Other: _____

Contribution Sources: (Please check all that apply)

- Employee Deferral (Pre-Tax)
- Rollover
- Employee Deferral (Roth)
- Transfers/Exchanges
- Employer Contributions: _____
- Other: _____

Loan Provisions:

- No - Loans are NOT allowed.
- Yes - Loans ARE allowed. (complete section below)
Minimum loan amount: _____
Maximum number of loans per Participant: _____

In-Service Distribution:

- No - In Service Distributions are NOT allowed.
- Yes - In Service Distributions ARE allowed.

Hardship Distribution:

- No - Hardship Distributions are NOT allowed.
- Yes - Hardship Distributions ARE allowed.

Additional Information: (Please document any additional information pertinent to the Plan)

Pentegra Trust Company is hereby authorized to serve as Plan Custodian and as an approved investment vendor to the Plan. This authorization shall remain in effect until modified or terminated by written notification to Pentegra Trust Company.

By: _____ Date: _____
(Authorized Officer or Principal)

Print Name: _____