

General Information

EMPLOYER NAME			
PARTICIPANT NAME (LAST, FIRST, INITIAL)			
E-MAIL ADDRESS		SOCIAL SECURITY NUMBER	
HOME ADDRESS		CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE ZIP CODE
HOME/CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	DATE OF BIRTH (MO/DAY/YR)	DATE OF HIRE (MO/DAY/YR)

Beneficiary Designation (Please check one)

- Married Participant** If you are married and wish to designate someone other than your spouse as your sole Primary Beneficiary, the Spousal Consent must be completed by your spouse and notarized on page 2 below. Your spouse must otherwise be designated as your 100% Primary Beneficiary below.
- Unmarried Participant** If you are unmarried and your marital status changes in the future, you will be required to notify us if you wish to designate a Primary Beneficiary(ies) other than your spouse.

If additional space is required, please attach a separate page providing all designation information and the percentage share for each beneficiary. If you outlive your Primary Beneficiary(ies), benefits will be paid to your estate upon your death unless you designate a Contingent Beneficiary(ies). If the total adds up to less than 100% for each beneficiary type, your account may become subject to legal fees incurred in connection with determining a proper distribution of assets from your account.

<input type="checkbox"/> Primary Beneficiary	NAME (LAST, FIRST, INITIAL)	SOCIAL SECURITY	DATE OF BIRTH	RELATIONSHIP	% SHARE
<input type="checkbox"/> Contingent Beneficiary					
<input type="checkbox"/> Primary Beneficiary	NAME (LAST, FIRST, INITIAL)	SOCIAL SECURITY	DATE OF BIRTH	RELATIONSHIP	% SHARE
<input type="checkbox"/> Contingent Beneficiary					
<input type="checkbox"/> Primary Beneficiary	NAME (LAST, FIRST, INITIAL)	SOCIAL SECURITY	DATE OF BIRTH	RELATIONSHIP	% SHARE
<input type="checkbox"/> Contingent Beneficiary					

Participant Signature

Date

Mail and Contact Information

RSG Securities c/o ASPIre Financial Services
One Metro Center
4010 Boy Scout Blvd., Suite 500
Tampa, FL 33607

www.rsgsecurities.com
Toll free: 877-572-8273

Advisory services offered through National Planning Corporation (NPC), a Registered Investment Adviser. Member FINRA & SIPC. C.L. Zuk & Associates Insurance Services, Inc. conducts business under the names RSG Securities and Zuk Financial Group (collectively, "Zuk"). NPC and Zuk are separate and unrelated companies.

SPOUSAL CONSENT

I understand that as the spouse to the named participant of the above Elite Choice Retirement Plan account, I am entitled to serve as the sole Primary Beneficiary for the account. By signing below, I elect to waive my exclusive rights to these benefits under the Plan by consenting to the designation of any additional named Primary Beneficiaries.

I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the potential tax consequences of my election to waive my rights, I have been advised to consult a tax professional and I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the sponsors of the Elite Choice Program in connection with my consent.

Consent of Plan Participant's Spouse:

Signature _____

Print Name: _____

Date: _____

Signature must be witnessed By Notary Public:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____,

before me appeared _____
who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument, and acknowledged that he or she executed the same and that the consent set forth above and acknowledged is to be his or her free act and deed.

IN WITNESS WHEREOF, I hereunto set my hand and affixed my official seal the day and year first above written.

_____ Notary Public for the State

(SEAL)