

Participant Enrollment Form: **403(b)** **457(b)** **Roth 403(b)**

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)
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		ID VERIFICATION: <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> OTHER IDENTIFICATION _____ ID # _____ STATE _____ DATE ISSUED _____ EXPIRATION DATE _____	

Contributions

- I elect to have each paycheck reduced by \$_____ and I have completed my Employer's Salary Reduction Agreement to have such amount withheld from my paycheck and contributed to my account under the Plan.
- I elect to deposit my transfer/rollover monies in the Plan.

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

Mail and Contact Information

RSG Securities c/o ASPire Financial Services 877-572-8273 Fax 813-466-7523
 One Metro Center 4010 Boy Scout Blvd., Suite 500 Tampa, FL 33607 www.rsgsecurities.com

Investment Election

I wish to direct future investments into my account as instructed by the allocation selected below.

Vanguard Target Retirement 2055 VFFVX _____ %	Vanguard Target Retirement Income VTINX _____ %	Eagle Mid Cap Growth R6 HRAUX _____ %
Vanguard Target Retirement 2060 VTTSX _____ %	American Funds Money Market RAFXX _____ %	Franklin Small Cap Value R6 FRCSX _____ %
Vanguard Target Retirement 2050 VFIFX _____ %	Vanguard Total Bond Market Idx Adm VBTLX _____ %	Conestoga Small Cap Institutional CCALX _____ %
Vanguard Target Retirement 2045 VTIVX _____ %	Fidelity Total Bond FTBFX _____ %	Vanguard Total Intl Stock Index Adm VTIAX _____ %
Vanguard Target Retirement 2040 VFORX _____ %	Vanguard Inflation Prot Sec Adm VAIPX _____ %	Causeway International Value Instl CIVIX _____ %
Vanguard Target Retirement 2035 VTTHX _____ %	Vanguard Balanced Index Adm VBIAX _____ %	American Funds EuroPacific Gr R6 REGX _____ %
Vanguard Target Retirement 2030 VTHR X _____ %	T. Rowe Price Equity Income PRFDX _____ %	American Funds New World RNWGX _____ %
Vanguard Target Retirement 2025 VTTVX _____ %	Vanguard Total Stock Mkt Idx Adm VTSAX _____ %	American Funds Capital World G/I R6 RWIGX _____ %
Vanguard Target Retirement 2020 VTWNX _____ %	JPMorgan Large Cap Growth JLGMX _____ %	Invesco Real Estate R6 IARFX _____ %
Vanguard Target Retirement 2015 VTXVX _____ %	American Century Mid Cap Value R6 AMDVX _____ %	

Above totals must equal 100% in the aggregate; any shortfall will be allocated to the American Funds Money Market R6 in the corresponding percentage.

Fixed Annuity Account

American United Life Insurance Company® (AUL)

Percentage of Contribution _____ %

American United Life (AUL) offers a Group Unallocated Fixed Annuity Option. Current Rate declared quarterly. Guaranteed Minimum Rate: Reset each year based on the average 5-year Constant Maturity Treasury Rate for the month of October of the prior calendar year, less 1.25%, but not more than 3% nor less than 1%. Initial rate when enrolled is guaranteed for 12 months. Declared interest rate is published quarterly. Fixed rates are subject to change. Please consult the annuity policy terms and conditions provided by AUL for additional details governing your investment.

By signing below, you agree and acknowledge the following:

- The investment elections provided above will be implemented for your Elite Choice account, and may be subsequently modified at your direction. Investment options involve risk including loss of principal invested. Please ensure you understand the risks for each investment, and contact your Representative with any questions or concerns.
- The Elite Choice Program (“Program”) is offered under agreement between your Employer and National Planning Corporation (“NPC”), a registered securities broker/dealer and investment advisor. NPC offers investment education and administrative support under the Program exclusively through its representatives who are affiliated with C.L. Zuk & Associates Insurance Services, Inc., which does business under the names “Zuk Financial Group” and “RSG Securities” (collectively, “Zuk”). NPC and Zuk are separate and unrelated companies.
- Your participation in the Elite Choice Program is governed by the terms and conditions of the agreement between your Employer and NPC.
- Your right to participate in the Program is subject to the eligibility requirements and other provisions of the Program.
- You acknowledge that mutual fund sheets, prospectuses, prospectus supplements, statements of additional information and any other related disclosures (collectively, “Investment Disclosures”), as well as transactional confirmation and periodic statements, are available via the internet website, www.rsgsecurities.com. You understand the importance of reviewing any Investment Disclosures provided as these contain detailed information regarding the nature of the investments, their risks, and related fees and expenses, and agree to promptly notify your Representative in the event of any inaccuracies or questions regarding your transactional confirmation or account statements.
- The investment manager to the Program is Multnomah Group, Inc. Benefit Trust Company serves as the custodian of Program assets. ASPIre Financial Services, LLC is the Program recordkeeper and will deliver you periodic account statements. These companies are each separate and unrelated to NPC or Zuk.
- Additional information relative to the Program can be accessed through your Representative or Employer, or by reviewing the *Program Disclosure Brochure* provided to your Employer which is available at www.rsgsecurities.com.

Participant Signature	Date
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For Representative’s use only

<p>1ST Representative’s Name _____</p> <p>Signature _____</p> <p>Date _____</p> <p>Representative Code # _____ Split % _____</p> <p>Phone _____</p> <p>E-mail Address _____</p>	<p>2ND Representative’s Name _____</p> <p>Signature _____</p> <p>Date _____</p> <p>Representative Code # _____ Split % _____</p> <p>Phone _____</p> <p>E-mail Address _____</p>
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**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 _____

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)