

Aspiration Retirement Account Direct Rollover and Transfer Form

Complete form & email to: support@aspiration.com with subject line: "IRA Transfer/Rollover"
Customer may also complete through electronic signature provided by Aspiration Support.

If sending by postal mail, send direct to:
Shareholder Services
116 S Franklin Street,
PO Box 4365,
Rocky Mount, NC 27803-0365.

All postal mail must be sent to the mail address provided on this form. Postal sent to any other address, including the business address of Aspiration, may not be processed.
All rollover checks and other physical financial instrument must be sent direct to Shareholder Services.

Please note: This form cannot be used to transfer a ROTH IRA

1. Account Ownership

Complete a separate form for each different type of account being transferred.

Owner's Name (First, Middle Initial, Last)

Address (street address required, no P.O. boxes, please!)

Social Security Number

Telephone

Ext.

2. Current Custodian

Name

Address

Telephone

Ext.

3. Transfer Instructions

List the assets you are transferring to the fund. If you are transferring assets from more than one fund, check the box at the end of this section and attach additional transfer instructions. **Please include a copy of a recent statement from your current custodian.**

Investment

Account Number

Select **ONE** liquidation option:

Liquidate in full

Partial liquidation (designate dollar amount or % below):

\$ _____ or % _____

4. Investment Allocation

I am rolling my funds into:

The Aspiration Redwood IRA

Aspiration IRA Account Number

5. Authorize Transfer

I appoint UMB Bank, n.a. to serve as custodian in accordance with the terms and conditions of this document. I acknowledge that I have read the Disclosure Statement. I further acknowledge my obligation to pay all applicable fees described in the Disclosure Statement. I certify that the social security number or tax identification number shown on this form is true and correct.

I adopt the Individual Retirement Account and acknowledge that my annual contribution does not exceed such limits as may be prescribed by law. I certify that I have full right and power and legal capacity to purchase shares of the Fund. I affirm that I have received a current prospectus and understand the investment objectives and policies stated therein.

Please Sign Here

Date

Signature Guarantee

Please contact your resigning trustee/custodian as they may require a member of the Medallion Program to guarantee your signature.

The custodian accepts the foregoing application

By: