

## **ENROLLMENT FORM**

## **My Decision**

This section must be completed.





**I elect NOT to participate** in my retirement plan at this time. I understand that if my employer makes an employer match, I will not receive the match which results in me making less money than my co-workers who are participating.



## **General Information**

Employer / Plan Name				
			-	-
our Name (Last Name, First Name,	Middle Initial)		Social Securit	y Number
Mailing Address		City	State	ZIP
Email Address (used to receive notification	ns about your account, including quarterly statement	s) Your account will be set to electronic stat	ements unless initialed here	)
Home Phone	Cell Phone	Work Phone		Other Phone
Date of Birth (mm/dd/yy)	Date of Hire (mm/dd/yy)			
Marital Status: Not Married	Married* - Spouse Name: -(Common Law is NOT recognized as legal n	narriage)		
	nat I had the opportunity to review the Summary Plai inpleting a change form or by accessing my account		ovisions of my Employer's Re	tirement Plan. If I want to make ch
Signature of Participant	 Date	Authorize	ed Plan Administrator	



				TRUST
Employer / Plan Name			-	-
Your Name (Last Name, First	t Name, Middle Initial)		Social Security N	umber
			,	
	My Contribution [	Decision		
	wy contribution i		•	
Sign Me Up!	I elect to participate in my employer's Retirement Plan an deposit into the plan.	•		-
	Please note that not all plans allow for Roth contributions. If the plan does not Pre-Tax and Roth contributions if allowed by your employer based on their ac			ax. You may also contribute both
	(Your company may limit your election to a percentage option only.)	OR	\$ P	re-Tax per pay period
	(As allowed by your employer.)	OR	\$ R	OTH per pay period
Catch-Up	Check this box if your are 50 or older this year and may \$22,500. You must be at least 50 years of age or older bup to an additional \$7,500 (for a total maximum employ	by the end of th	e 2023 calendar year to be e	ligible to contribute
	*Optional  administrative  procedures, this  contribution  election	will be effective pa	ay period ending	
	Annual Auto Inc	rease		
Increase!	I elect to allow ASC to automatically increase my contr	ibution annual	ly as follows and in accorda	nce to my Plan.
	% Annual Increase	For:	years	
	Annual Auto Inc	rease		
Number under <i>User ID</i> and t	nically, you may be able to do so by logging on to our sec he last four digits of your Social Security Number for your g more secure. Follow the Enrollment steps on our website	<b>Password</b> . Onc	e signed in, it is recommende	-
	Visit www.ASCTr	ust.co	m	
	ledge that I had the opportunity to review the Summary Plan Description and is so by completing a change form or by accessing my account online.	that I understand the	e provisions of my Employer's Retireme	ent Plan. If I want to make changes
Signature of Participant	Date	Autho	rized Plan Administrator	Date
	This is a: New Enrollment Change	Form	Re-Enrollment	



Employer / Plan Name Your Name (Last Name, First Name, Middle Initial) Social Security Number **OPTION 1: Target Date Profiles (TDP)** I choose to be in a Target Date Profile (TDP) Investment. **Your Date of Birth** I understand that by selecting this option, ASC will automatically set up my investments in line with my age and projected years to retirement. (mm/dd/yy)I understand that any existing balance will be transferred to this election unless initialed here: **OPTION 2: Dynamic Retirement Trust Fund Selection** Allocate my account to the risk allocation fund selected. Conservative Fund For detailed profile information and Prospectuses, please visit our website at www.asctrust.com or contact ASC. **Balanced Fund** I understand that any existing balance will be transferred to this election unless initialed here: Growth for Retirement Fund (Aggressive) Please select one **OPTION 3: ASC Core Funds** Allocate my account to the percentages below. (Allocated percentages must add up to 100%) **Fund Name** Allocation **Style** Management **Ticker** Fee Liquidity - Money Market Fidelity Money Market Active **FMPXX** 0.18% Active % Liquidity - Stable Value Stable Value Fund Bonds - Core Fixed Income Vanguard Total Bond Index 0.04% % Passive **VBTIX** % Bonds - Core Plus Income MetWest Total Return Fund Active **MWTSX** 0.37% % US Equity Large Cap Value JP Morgan Equity Income Select Active HLIEX 0.72% Vanguard Institutional Index US Equity Large Cap Blend VINIX % Passive 0.04% % US Equity Large Cap Growth Harbor Capital Appreciation Active **HACAX** 0.67% US Equity Mid Cap Blend J. Hancock Disciplined Val Mid Cap Active JVMRX 0.75% % US Equity Mid Cap Growth Carillon Eagle Mid Cap Growth Active **HRAUX** 0.64% US Equity Mid Cap Blend Vanguard Mid Cap Index I Passive VMCIX 0.04% % % US Equity Small Cap Value Wasatch Small Cap Value Active **WICVX** 1.05% US Equity Small Cap Growth AMG TimeSquare Small Growth TSQIX Active 1.06% Active CIVIX % Foreign Large Value Causeway International Value Fund 0.85% Int'l Equity Large Blend Vanguard Total Int'l Stock Passive **VTSNX** 0.08% **MQGIX** % Foreign Large Growth MFS International Growth I Active 0.83% \*Contact ASC for your plan's Stable Value Fund details. I understand that any existing balance will be transferred to this election unless initialed here: Most plans provide additional Specialty Funds for sophisticated participants and/or participants under the guidance of an individual investment advisor. You can find out if your plan provides Specialty Funds by contacting us or logging on to our website. Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and investment information and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online Signature of Participant Date Authorized Plan Administrator Date This is a: **New Enrollment** Change Form Re-Enrollment



	ame			-		
Your Name (Last N	lame, First Nan	ne, Middle Initial	ı)	So	ocial Security Number	
			Rollover F	- -unds		
Lbovo o bol	lanca in a pravi	ious ampleuer's	ratiroment plan. Places contact	t ma ta bala ma aanaalidata mu aaa	ounto	
Thave a Dai	ance in a previ	ous employer s	retirement plan. Please contact	t me to help me consolidate my acco	ourits.	
			Naming My Be	neficiary		
designate the ber order of priority as I complete a new yer's Plan Docum	neficary(ies) to s indicated belo Beneficiary For ent, I hereby de nd that any ber	receive my Plan ow. Additionally rm in the event o esignate the follo neficiary that I na	benefit in the event of my deat , because this designation may of such change. In the event of owing beneficary(ies) to receive	at in accordance with the rights grar h, I hereby designate the following be invalidated due to a change in n my death, I hereby acknowledge the e my retirement benefit in the order apable of caring for oneself, the ber	beneficary(ies) to receive ny marital status, I underst at in accordance with the of priority as indicated bel	such ben and that terms of r low.
			Primary Bene	eficiary		
Marital Status:	Not Marrie	ed Legall	y Married*			
If you are <b>legally marrie</b> Primary Beneficiary Forn				as the sole Primary Beneficiary, unless your spot	use completes the Spousal Conser	nt to Waiver a
Full Name	[ Primary	Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %
Full Name	[ ■ Primary	Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %
Full Name [ ■ Primary ■ Secondary	Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %	
Full Name	[ Primary	Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %
			Secondary Be	eneficiary		
secondary beneficiary	is entitled to receive	your retirement bene	efit in the event that the primary benefician	/ is deceased or not eligible to receive the asset.		
Full Name	[ ■ Primary	Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %
Full Name [ ■ Primary ■ Secondary ]	Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %	
	Full Name [ ■ Primary ■ Secondary ]	Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %
Full Name						
Full Name		■ Secondary ]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %
Full Name	[ ■ Primary	= Secondary 1				
Full Name  zation: By signing belo	ow, I acknowledge ti	hat I had the opportu	nity to review the Summary Plan Descripti ange form or by accessing my account on	on and that I understand the provisions of my E line.	imployer's Retirement Plan. If I war	nt to make ch