

401 (k) ENROLLMENT/CHANGE FORM

My Decision

This section must be completed.

☐ **I elect to participate** in my retirement plan and start my family on the road to financial independence.



☐ **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

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

Mailing Address

City

State

ZIP

Email Address (used to receive notifications about your account, including quarterly statements) Your account will be set to electronic statements unless initialed here: _____)

Home Phone

Cell Phone

Work Phone

Other Phone

Date of Birth (mm/dd/yy)

Date of Hire (mm/dd/yy)

Division

Payroll Frequency

Marital Status: ☐ Not Married

☐ Married* - Spouse Name: _____
*(Common Law is NOT recognized as legal marriage)

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and that I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my contribution rate 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

This is a:

☐ New Enrollment

☐ Change Form

☐ Re-Enrollment

Employer / Plan Name

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

My Contribution Decision

☐ Sign Me Up!

I elect to participate in my employer's Retirement Plan and hereby authorize my Employer to deduct the following income for deposit into the plan.

Please note that not all plans allow for Roth contributions. If the plan does not allow for Roth, your contributions will be defaulted to Pre-Tax. You may also contribute both Pre-Tax and Roth contributions if allowed by your employer based on their administrative procedures.

☐ _____ % Pre-Tax per pay period
(Your company may limit your election to a percentage option only.)

OR

☐ \$ _____ Pre-Tax per pay period
(As allowed by your employer.)

☐ _____ % ROTH per pay period
(As allowed by your employer.)

OR

☐ \$ _____ ROTH per pay period
(As allowed by your employer.)

☐ Catch-Up

Check this box if you are 50 or older this year and may contribute over the 2024 annual employee contribution limit of \$23,000. You must be at least 50 years of age or older by the end of the 2024 calendar year to be eligible to contribute up to an additional \$7,500 (for a total maximum employee contribution of \$30,500 for the 2024 calendar year).

**Optional administrative procedures, this contribution election will be effective pay period ending _____.*

Annual Auto Increase

☐ Increase!

I elect to allow ASC to automatically increase my contribution annually as follows and in accordance to my Plan.

☐ _____ % Annual Increase For : _____ years

Annual Auto Increase

If you prefer to enroll electronically, you may be able to do so by logging on to our secure website. Under **Account Login**, enter your Social Security Number under **User ID** and the last four digits of your Social Security Number for your **Password**. Once signed in, it is recommended that you change your Password to something more secure. Follow the Enrollment steps on our website on your first visit.

Visit www.ASCTrust.com

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and that I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my contribution rate 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

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.

I understand that by selecting this option, ASC will automatically set up my investments in line with my age and projected years to retirement.

 I understand that this allocation will apply to:

☐ Future Contributions Only ☐ Future Contributions and Existing Balances ☐ Existing Balances Only

Your Date of Birth

(m m / d d / y y)

OPTION 2: Dynamic Retirement Trust

☐ Allocate my account to the risk allocation fund selected.

For detailed profile information and Prospectuses, please visit our website at www.ASCTrust.com or contact ASC.

 I understand that this allocation will apply to:

☐ Future Contributions Only ☐ Future Contributions and Existing Balances ☐ Existing Balances Only

Fund Selection

Please select one.

☐ Conservative Fund
☐ Balanced Fund
☐ Growth for Retirement Fund (Aggressive)

OPTION 3: ASC Core Funds

☐ Allocate my account to the percentages below. (Allocated percentages must add up to 100%)

Allocation	Style	Fund Name	Management	Ticker	Fee
%	Liquidity - Money Market	Fidelity Money Market	Active	FMPXX	0.18%
%	Liquidity - Stable Value	Stable Value Fund	Active	*	*
%	Bonds - Core Fixed Income	Vanguard Total Bond Index	Passive	VBTIX	0.04%
%	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%
%	US Equity Large Cap Blend	Vanguard Institutional Index	Passive	VINIX	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	Active	TSQIX	1.06%
%	Foreign Large Value	Causeway International Value Fund	Active	CIVIX	0.85%
%	Int'l Equity Large Blend	Vanguard Total Int'l Stock	Passive	VTSNX	0.08%
%	Foreign Large Growth	MFS International Growth I	Active	MQGIX	0.83%

 I understand that this allocation will apply to:

☐ Future Contributions Only ☐ Future Contributions and Existing Balances ☐ Existing Balances Only

*Contact ASC for your plan's Stable Value Fund details. 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 at www.ASCTrust.com.

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

Employer / Plan Name

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

Rollover Funds

☐ I have a balance in a previous employer's retirement plan. Please contact me to help me consolidate my accounts.

Naming My Beneficiary

As a participant in my employer sponsored retirement plan, I hereby acknowledge that in accordance with the rights granted to me under the Plan to designate and redesignate the beneficiary(ies) to receive my Plan benefit in the event of my death, I hereby designate the following beneficiary(ies) to receive such benefit in the order of priority as indicated below. Additionally, because this designation may be invalidated due to a change in my marital status, I understand that I should complete a new Beneficiary Form in the event of such change. In the event of my death, I hereby acknowledge that in accordance with the terms of my employer's Plan Document, I hereby designate the following beneficiary(ies) to receive my retirement benefit in the order of priority as indicated below. Furthermore, I understand that any beneficiary that I name that is either a minor or incapable of caring for oneself, the benefit will be paid to the individual's legal guardian or other legal representative.

Primary Beneficiary

Marital Status: ☐ Not Married ☐ Legally Married*

If you are **legally married (common law is NOT recognized as legal marriage), you must name your spouse as the sole Primary Beneficiary, unless your spouse completes the Spousal Consent to Waiver as Primary Beneficiary Form (provided by plan administrator upon request).*

									%
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]	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 Beneficiary

A secondary beneficiary is entitled to receive your retirement benefit in the event that the primary beneficiary 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]	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]	Date of Birth (mm/dd/yy)	Social Security Number	Relationship to You	Share %			%

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and that I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my beneficiary designation 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