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**Use this Plan Distribution Form to request an account distribution if the reason for the distribution is:**

- Termination of Employment
- Retirement
- Permanent Disability
- Death Benefit

A separate form is required to request for hardship distributions or loans.

If you are transferring to another employer that is part of the same controlled group of companies, you may not be eligible to withdraw from your account. Please contact ASC for more information.

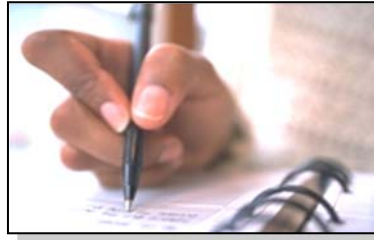
Additional information can be found in the Summary Plan Description or call ASC at (671) 477-2724.

*Information contained herein has been obtained from sources believed reliable, but it is not necessarily complete and cannot be guaranteed. For specifics about the Plan, please refer to the governing Plan Document. Plan participants should seek advice based on the taxpayer's circumstances from a tax advisor.*

# 403(b) Plan Distribution Form

You are about to make a decision that could greatly affect your plans for retirement. Please read this brochure, as well as the Special Tax Notice very carefully before completing the attached distribution request form.

When terminating from your company, you have three options for your retirement account balance:



- Rollover to your new Employer
- Rollover to an IRA
- Lump Sum Distribution (If you are not 59 ½ years old, you will be subject to a 10% penalty for the distribution).
- Partial Distribution (If you are not 59 ½ years old, you will be subject to a 10% penalty for the distribution).

If you are like most plan participants, you might think that there is little harm in taking the balance of your distribution in cash. **Think Again!**

Did you know for every \$1,000 you take out of your account, you could be costing yourself thousands of dollars of retirement income. **That's right!**



For an idea on how much your current balance could grow to by the time you retire, please see the following chart:

## The Potential Growth of \$1,000

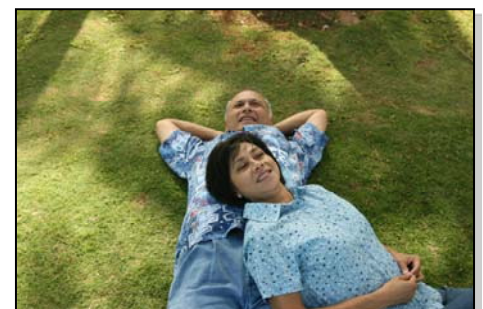
Years To Retirement	Conservative Investor 5.03%	Moderate Investor 7.44%	Aggressive Investor 9.74%
5	\$1,278	\$1,431	\$1,591
10	1,633	2,049	2,533
15	2,088	2,934	4,032
20	2,669	4,200	6,416
25	3,410	6,014	10,212
30	4,359	8,609	16,253
35	5,571	12,325	25,868
40	7,120	17,645	41,172

IMPORTANT: The projections or other information generated regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. Your results may vary with each use and over time. The illustration is calculated as a Geometric Return; the expected compound annualized return of the assets mix and is open to change as market conditions and inflationary expectations change.

With this in mind, be very careful before you take your money in cash. If you are considering taking your balance in cash, ask yourself the following two questions:

- ▶ What is the reason you are considering taking this money in cash?
- ▶ Is this reason going to be important to you in 10 years?

If it is, take the money in cash. If not, roll your money over to your next employer or to an IRA and keep your retirement savings working for you.





# 403(b) Plan Distribution Form

A valid photo ID must be attached to this request.

Please read the attached "Special Tax Notice Regarding Plan Payments" before completing this form.

Employer / Plan Name			<b>Select IA Code:</b> <input type="checkbox"/> AS - ASC Trust <input type="checkbox"/> AP - Asia Pacific Financial <input type="checkbox"/> AU - Advisors Unlimited <input type="checkbox"/> LW - Legacy Wealth <input type="checkbox"/> SD - Self-Direct Accounts	
Your Name (Last Name, First Name)	Social Security Number	Date of Birth		
Mailing Address	City	State/Territory		ZIP
Contact Number(s)	E-mail Address			
Marital Status: <input type="checkbox"/> Not Married <input type="checkbox"/> Married - Spouse Name: _____				
If resigned from prior employer (above), please indicate new employer, if any: _____				

## REASON FOR DISTRIBUTION

Please select **one** of the reasons below.

- Disability** (Additional certification required)
- In-Service Distribution** (If applicable; age 59½ or older)
- Death Benefit Payout** (Please provide death certificate)
- Termination of the Plan**

**Retirement/Separation of Employment**  
(From current employer)

Date of Hire: \_\_\_\_\_ (mm/dd/yyyy)

Date of Termination: \_\_\_\_\_ (mm/dd/yyyy)

Hours Worked this Plan Year: \_\_\_\_\_

<b>Employer Verification for Date of Termination:</b>
Signature _____
Date _____

## A. Request for a Rollover to Your Next Employer

- I would like to rollover \$ \_\_\_\_\_ or \_\_\_\_\_% of my vested balance to another qualified retirement plan<sup>1</sup>.
  - My new employer has a plan maintained by ASC, **please waive all fees associated with this distribution.**
  - My new employer's plan is not maintained by ASC, **please debit my account \$50.00 for processing.**

Check Payable: Trustee / Financial Institution / Plan Name	Plan Account Number
Check Mailed To: Mailing Address	City State/Territory ZIP

## B. Request for a Rollover to an IRA (Roth or Traditional Individual Retirement Acct)

- I would like to rollover \$ \_\_\_\_\_ or \_\_\_\_\_% of my vested balance to an IRA<sup>1</sup>.
 

Type of account:  Traditional (Pre-Tax)  ROTH (After-Tax)

  - Please waive all fees.** I would like to rollover my balance to the ASC Trust IRA Rollover Program. I have attached the **ASC IRA Enrollment Form as required** for this transaction.
  - I would like to transfer my account balance to the following IRA, **please debit my account \$50.00 for processing.**

Check Payable: Trustee / Financial Institution / IRA Account Name	Plan Account Number
Check Mailed To: Mailing Address	City State/Territory ZIP

<sup>1</sup>If you have requested less than 100% of your vested balance to be rolled over, the remainder of your distribution will be issued as a separate check made payable to you with Federal Taxes Withheld at 20% on the taxable portion. State taxes will be withheld, where applicable.



# 403(b) Plan Distribution Form

Please read the attached "Special Tax Notice Regarding Plan Payments" before completing this form.

Employer / Plan Name

Your Name (Last Name, First Name)

Social Security Number

## C. Request for a Direct Payment to You

- Please issue a distribution paid directly to me equal to \$\_\_\_\_\_  Gross Amount or \_\_\_\_\_% of my vested balance. **I understand that there is a \$50.00 processing fee for distributions.**  Net Amount
- I would like a check issued to me.
- I would like a deposit to my bank account. **I have attached a deposit slip or voided check that contains the valid routing number and bank account number.**

PHYSICAL ADDRESS: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

Savings Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

By electing a Direct Deposit (ACH) and by signing below, I hereby authorize ASC TRUST LLC 1.) to initiate credit entries to the depository financial institution named above 2.) to initiate debit entries to adjust for processing errors. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Further, I understand that my distribution may be subject to 20% Mandatory Federal Income Tax Withholding. Read the Special Tax Notice for more details.



## D. Death Benefit Payout

Death of Account Owner - Death Benefit payment will be made to (select one):

- Beneficiary - Spouse       Beneficiary - Non-Spouse       Alternate Payee (resulting from court order)

Beneficiary/ Payee Name (Last Name, First Name)

Social Security Number

Date of Birth

Mailing Address

City

State/Territory

ZIP

Contact Number(s)

E-mail Address

**Certification:** I have read this payment request and affirm that the above information and elections made are accurate and any payments made by the Trustee pursuant to the above (subject to terms of the Plan) will relieve the Trustee of any liability. I have also read the "Special Tax Notice Regarding Plan Payments", and understand that Federal Tax will be withheld at 20% on the taxable portion unless I elect a Direct Rollover of my "eligible rollover distribution" State Tax will be withheld, if applicable. I certify that the above information is true and correct to the best of my knowledge.

Signature of Participant

Date

Plan Administrator/Notary as Witness to Participant Signature

Date