



Enrollment/Change Form

120 Father Dueñas Avenue,
Suite 110, Hagåtña, GU 96910
(671)477-2724
(671)477-2729
Info@ASCTrust.com
www.ASCTrust.com

Please print in BLOCK (ALL CAPITAL) letters:

403(b) RETIREMENT SAVINGS PLAN

Employer Name: _____

Participant Name: _____ Soc.Sec.#: _____
First Name Middle Name Last Name

Mailing Address: _____

Marital Status: Not Married Married – Spouse Name: _____

Contact Numbers: HOME: _____ WORK: _____ MOBILE: _____ OTHER: _____

Date of Birth ____/____/____ Date of Hire ____/____/____ Email Address: _____
month day year month day year

Quarterly Statement Option: Post Statement to my ASC Online Account Print statement & send to me

1. Contribution Election NEW ENROLLMENT CHANGE OF EXISTING ELECTION NO CHANGE

I wish to participate in the 403(b) Retirement Savings Plan, and hereby authorize my Employer to withhold the indicated percentage or dollar amount from my gross compensation and deposit such amount into the Plan:

PRE-TAX _____% per pay period OR \$_____ per pay period.

ROTH AFTER-TAX _____% per pay period OR \$_____ per pay period.

Effective PPE:
____/____/____
Month Day Year

Age Catch-Up Contribution: I am over 50 years old and wish to take advantage of the IRS maximum catch-up contribution limit by authorizing my Employer to withhold the indicated percentage or dollar amount from my gross compensation (subject to applicable IRS annual limit):

PRE-TAX _____% per pay period OR \$_____ per pay period.

ROTH AFTER-TAX _____% per pay period OR \$_____ per pay period.

Effective PPE:
____/____/____
Month Day Year

Service Catch-Up Contribution: I have over 15 years of service with my Employer and wish to take advantage of an additional qualified organization catch-up deferral contribution. I would like to be contacted for further details.

I do not wish to participate at this time.

2. Investment Advisor Selection NEW ENROLLMENT CHANGE OF EXISTING ELECTION NO CHANGE

I elect to have my contributions managed by the Investment Advisor or Self-Directed Broker that I select below and understand the any fees charged by the Advisor will be deducted from my 403(b) account:

The following Investment Advisors(IA)and Self-Directed Brokers (SD) are available under this Plan. Please contact each IA for more information about the investments they offer and the fees associated with their services. For the Self-Directed Brokers, please contact ASC. **YOU MAY ONLY SELECT ONE INVESTMENT ADVISOR (IA) OR SELF-DIRECTED BROKER (SD):**

- _____ ASC Trust, LLC (IA)
- _____ Asia Pacific Financial Management Group (IA)
- _____ Advisors Unlimited (IA)

_____ **Fidelity Investments (SD)*** To setup your SD account, please list the mutual funds' TICKER symbol you would like to invest in here (notice will be given on any fund tradability restrictions):

OPTIONAL SECTIONS FOR THOSE WHO HAVE SELECTED AN INVESTMENT ADVISOR (IA)

3. Consolidate Your Retirement Accounts

If you have a retirement account from a former employer's plan or an IRA (Individual Retirement Account) with another financial institution, you're paying multiple fees for the same type of savings. By consolidating retirement accounts through a Direct Rollover, income taxes and penalties are not applied in the process. In addition, you'll have only one retirement account to keep track of. I have the following accounts that I would like to be contacted by the Investment Advisor that I've selected to further discuss or begin the rollover process:

- 401k/403b Plan Traditional IRA SEP IRA Other retirement plan Not Applicable to me

4. Other Account Interests

I am interested in the following accounts and would like to be contacted to further apply:

- Traditional IRA ROTH IRA 529 College Savings Plan Charitable Giving Program



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Employer Name: _____

Participant Name: _____ Soc. Sec. #: _____ - _____ - _____

5. Beneficiary Designation NEW ENROLLMENT CHANGE OF EXISTING ELECTION NO CHANGE

As a participant in my company sponsored 403(b) Plan, I hereby acknowledge that, in accordance with the right granted to me under the Plan to designate and re designate 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 Designation Form in the event of such change.

PRIMARY BENEFICIARY*

Marital Status: Married* Not Married

* If you are legally married, 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). If this is a change in marital status, a Divorce Decree and/or a Marriage Certificate must be submitted to change the current Primary Beneficiary on record.

BENEFICIARY INFORMATION			Relationship to	Share %
Full Name	Birth Date	Social Security	Participant	(must add up to 100%)
1.				
2.				
3.				
4.				

Submit a separate document if you are designating additional beneficiaries. Please ensure that all the information requested above is included and that the share designation adds up to 100%.

SECONDARY (CONTINGENT BENEFICIARY)

BENEFICIARY INFORMATION			Relationship to	Share %
Full Name	Birth Date	Social Security	Participant	(must add up to 100%)
1.				
2.				
3.				
4.				

Submit a separate document if you are designating additional beneficiaries. Please ensure that all the information requested above is included and that the share designation adds up to 100%.

6. Authorization

By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and investment information and that I understand the provisions of my employer's 403(b) Retirement Savings Plan.

PARTICIPANT'S SIGNATURE: _____ DATE: ____/____/____

INVESTMENT ADVISOR'S SIGNATURE: _____ DATE: ____/____/____

PLAN ADMINISTRATOR'S SIGNATURE: _____ DATE: ____/____/____

For Payroll / ASC:

Received by Payroll ____/____/____

Received by ASC ____/____/____

Enrollment Processed by ASC ____/____/____



Spousal Consent To Waiver As Primary Beneficiary Form

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Employer Name: _____

If you and your spouse agree to name someone other than your spouse as the Primary Beneficiary, your spouse must complete this section.

Participant: _____ SS#: _____

Spouse: _____ SS#: _____

I hereby acknowledge that I am the spouse of the participant identified above, and I hereby consent to the payment of my spouse's death benefit to the beneficiary determined on the Beneficiary Designation Form and consent to the payment of such benefit according to any method of payment the beneficiary elects under the Plan. Any change in a designated beneficiary will require my consent. I understand that: (1) as a result of this consent, I am forgoing benefits I would be entitled to receive upon my spouse's death prior to retirement; (2) I do not have to consent to my spouse's waiver of the payment of his/her death benefit to me, and my spouse's waiver is not valid without my consent; (3) I have the right to limit this consent to a specific form of benefit payment to the beneficiary, but I am voluntarily relinquishing this right; and (4) this consent is irrevocable. I hereby make this consent freely and without any duress or undue influence by any party. I understand that I have the right to seek independent advice and counsel with respect to this consent.

_____/_____/_____
Participant's Spouse Signature Date

A C K N O W L E D G M E N T

In and for Guam, U.S.A.)
)ss
City of _____)

On this _____ day of _____, 20____, before me, a Notary Public in and for Guam, personally appeared _____, known to me and/or proved to me through identification documents allowed by law, which were _____, to be the person whose name is signed on the Spousal Consent To Waiver As Primary Beneficiary Form, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Notary Public