

Select one:
 New Enrollment
 Change(s)
 No Changes

General Information

Plan Name

Traditional Pre-Tax ROTH IRA After-Tax Plan SEP-IRA
 SIMPLE IRA Beneficial IRA

Full Name (Last Name, First Name, MI) SSN

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Mailing Address

HOME Phone CELLULAR Phone WORK Phone OTHER Phone

Date of Birth (MM/DD/YY) E-mail Address (Quarterly statement will be posted to your online account unless initialed here: _____)

Marital Status Spouse Name

Married (Common Law is not recognized as legal marriage)
 Not Married

Select one:
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Contribution Election

In order to have a successful retirement, advisors recommend saving about 10%-15% of gross income for 35 years in an investment that earns about 7.5% a year. Your age and proximity toward retirement should also be considered. *Contact the ASC Advisory Team to request for a personalized retirement calculation by calling (671) 477-2724 or send an email request to info@ascstrust.com.*

I wish to participate in the ASC Trust IRA Plan ("Plan"). My contributions to the Plan will be:
 Traditional IRA (Pre-tax)
 ROTH IRA (After-tax)

I wish to make contributions on my own by check payable to **ASC Trust**.

I wish to allow ASC to automatically deduct my contributions from my bank account and have attached the required ACH Debit Authorization Form with this request.

Authorization: By signing below, I acknowledge that I had the opportunity to review the investment information pertinent to my account and that I understand the provisions of the ASC IRA Plan.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

AUTHORIZED PLAN ADMINISTRATOR: _____ **DATE:** _____



ASC IRA Plan Enrollment/Change Form

Beneficiary Designation

Select one:

New Enrollment

Change(s)

No Changes

Full Name (Last Name, First Name, MI)

SSN

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As a participant in the ASC IRA 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 assign 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(ies)*

Marital Status

Married* (Common Law is not recognized as legal marriage)

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 Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %
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Beneficiary Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %
Beneficiary Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %

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 beneficiary(ies)

Beneficiary Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %
Beneficiary Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %
Beneficiary Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %
Beneficiary Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %
Beneficiary Name	Date of Birth/Trust (MM/DD/YY)	SSN	Relationship	Share %

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%.

Authorization: By signing below, I acknowledge that I had the opportunity to review the investment information pertinent to my account and that I understand the provisions of the ASC IRA Plan.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

AUTHORIZED PLAN ADMINISTRATOR: _____ **DATE:** _____

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