



ASC IRA Plan Enrollment/Change Form

General Information

Select one:

☐ New Enrollment

☐ Change(s)

☐ No Changes

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

Contribution Election

Select one:

☐ New Enrollment

☐ Change(s)

☐ No Changes

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@asctrust.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:** _____

☎(671) 477-2724 | 📠(671) 477-2729 | 📧Info@ASCTrust.com

✉120 Father Duenas Ave. | Ste. 110 | Hagatna, Guam 96910 | 🌐www.ASCTrust.com

Revised 11.2023

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 %
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:** _____

Investment Selection

☐ New Enrollment

☐ Change(s)

☐ No Changes

Full Name (Last Name, First Name, MI)

SSN

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Below are your options on how you wish to direct your investments. Select only **ONE** of the options listed. If no selection is made, your account will be defaulted into a Target Date Profile described in Option A.

☐ **OPTION A: Target Date Profiles:** I choose to be in a Select Target Date Profile (TDP) Investment.

Date of Birth/Trust (MM/DD/YY)

I understand that by selecting this option, ASC will automatically set up my investments based on my age and projected years to retirement. For detailed profile information and Prospectuses, please visit our website at www.asctrust.com or contact ASC. I understand that my existing balance will be transferred to this election unless initialed here ____.

☐ **OPTION B: Risk-Based Profiles:** Allocate my account according to the profile selected.

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

I understand that my existing balance will be transferred to this election unless initialed here ____.

FUND SELECTION

☐ Conservative Fund

☐ Balanced Fund

☐ Growth for Retirement (Aggressive)

☐ **OPTION C: Individual Investment Election:** Allocate my account according to the percentages indicated below that add up to 100%.

For more information on individual mutual funds, visit www.morningstar.com or contact our office for an in-depth Prospectus Report. I understand that my existing balance will be transferred to this election unless initialed here ____.

For each major investment style, we offer active and passive management options. Passive Funds are low cost funds that mirror the market they are following. Active Funds attempt to outperform the market or have less risk for similar returns. These funds typically have higher management fees.

Allocation	Style	Fund Name	Management	Ticker	Fee
%	Liquidity - Money Market	Fidelity Money Market	Active	FMPXX	0.18%
%	Bonds - Core Fixed Income	Vanguard Total Bond Index	Passive	VBPIX	0.04%
%	Bonds - Core Plus Income	MetWest Total Return Bd Plan	Active	MWTSX	0.37%
%	US Equity Large Cap Value	JP Morgan Equity Income Select	Active	HLIEY	0.70%
%	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 I	Active	WICVX	1.05%
%	US Equity Small Cap Growth	AMG Times Square Small Cap Growth I	Active	TSQIX	1.07%
%	Int'l Equity Large Cap Value	Causeway International Value I	Active	CIVIX	0.88%
%	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%

If the investment style you are looking for is not listed above, contact our office for additional fund options.

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, including the quarterly fee for the management of my account. The flat annual fee is 1.5% of total assets, billed quarterly at 0.375%.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

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



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Plan Name: _____ Participant
SSN: _____
Participant
Name: _____ Contact Number: _____
Email (Required for confirmation notices): _____

I hereby authorize **ASC TRUST**, hereinafter called COMPANY, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____
Account Type ☐ Checking Account ☐ Savings Account

****Attach a copy of either a voided check or bank certification****

This authorization form shall supersede any prior authorization form(s) submitted.

DEBIT INSTRUCTIONS

I hereby authorize ASC Trust to deduct \$ _____ from my bank account listed above as an ongoing ☐ Contribution / ☐ Loan Payment for Loan # _____ to be pulled on the date(s) indicated below or within 3 business days, effective _____ and will continue until otherwise instructed. This payment will be credited to the following Plan with ASC:

Source Type ☐ Pre-Tax ☐ ROTH
Frequency Type ☐ Every 5th of the month
☐ Every 20th of the month
☐ Every 5th and 20th of the month
☐ One-Time

Furthermore, I understand that I am responsible for any insufficient funds related to the ACH debits from my bank account named above. I understand that if an ACH transaction rejects **twice** for Non Sufficient Funds (NSF), COMPANY will terminate any further deduction from my account. Further, I will be subject to a charge of \$25.00 for each ACH reject.

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Signature _____ Date _____