



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

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**.

☐ **Rollover** from another Qualified Retirement Plan: _____
Plan Name

☐ I wish to allow ASC to **automatically deduct my contributions from my bank account via Electronic Fund Transfer (EFT)**.

EFT allows you to electronically transfer funds between your bank or other financial institution. You must be the owner of the account at the other financial institution. You will need to attach a voided check, deposit slip, or bank certification with the account number and all owner names preprinted on it.

Please provide bank information below to set up the EFT.

o Checking Account No. _____

o Savings Account No. _____

Bank Name: _____

Bank Routing/ABA Number: _____

Start Date of Deduction: _____

Frequency:

☐ Monthly, every _____ of the month.

☐ Twice a month: every _____ & _____ of the month

☐ One-Time

I understand that I am responsible for any insufficient funds related to the ACH debits from my bank account indicated 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 subjected to a charge of \$30.00 for each ACH reject. NOTE: ALL WRITTEN DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

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 %
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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

☐ Income 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	VBIX	0.04%
%	Bonds - Core Plus Income	MetWest Total Return Bd Plan	Active	MWTSX	0.37%
%	US Equity Large Cap Value	Putnam Large Cap Value Y	Active	PEIYX	0.65%
%	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:** _____