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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

If you are still employed with the plan sponsor, you are not able to take a distribution from your account (to include rollovers out) unless your distribution is due to a qualifying financial hardship or a qualifying loan. A separate form is required to request for hardship distributions or loans.

For more information, email Info@ASCTrust.com 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.

Retirement Plan Distribution Form

(Non-US Plans)

You are about to make a decision that could greatly affect your plans for retirement. Please read this notice very carefully before completing the attached distribution request form.

When terminating from your company, you have a couple distribution or withdrawal options for your retirement account balance:

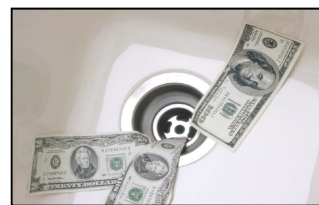


■ Rollover to your new Employer

■ Lump Sum 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

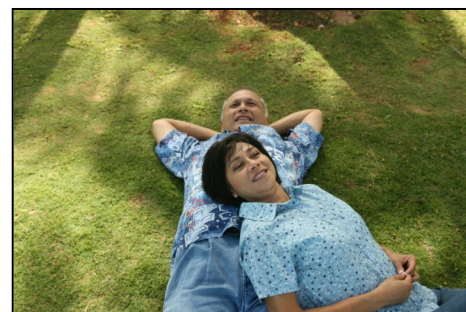
Years To Retirement	Conservative Investor 5.03%	Moderate Investor 7.44%	Aggressive Investor 9.74%
5	\$1,278	\$1,431	\$1,591
10	1,633	2,049	2,533
15	2,088	2,934	4,032
20	2,669	4,200	6,416
25	3,410	6,014	10,212
30	4,359	8,609	16,253
35	5,571	12,325	25,868
40	7,120	17,645	41,172

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 (if accepted by your new employer) and keep your retirement savings working for you.





Retirement Plan Distribution Form

Company / Plan Name

Your Name (Last Name, First Name)

Employee ID Number

Mailing Address

City

Country

ZIP

Contact Number(s) - Text Message Notifications: _____ Please initial here if this is a mobile number capable of receiving text message notifications. With your initials, you acknowledge that message and data rates may be charged to you by your carrier.

E-mail Address

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: _____

**Employer Verification for
Date of Termination:**

Signature

Date

A. Request for a Rollover to Your Next Employer

IMPORTANT: Before electing this option, you must first confirm with your Next Employer if they will accept this Rollover.

- ☐ I would like to rollover \$ _____ or _____ % of my vested balance to another retirement plan.
- ☐ 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 / Third Party Administrator / Plan Name

Plan Account Number

Check Mailed To: Mailing Address

City

State/Territory

ZIP

B. Request for a Direct Payment to You

- ☐ Please issue a distribution paid directly to me equal to \$ _____ or _____ % of my:
- ☐ Rollover Money (applicable if still active with the company) or
- ☐ Vested Account Balance.

I understand that there is a **\$50.00 processing fee** for distributions that will be debited from my account.

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 of the above name employer) will relieve the Trustee of any liability. I certify that the above information is true and correct to the best of my knowledge.

Signature of Participant or Beneficiary* _____ Date _____
*If distribution is for a Beneficiary, please provide information on SS# and date of birth.

Plan Administrator Signature _____ Date _____

Signature of Spouse _____ Date _____

Plan Administrator Signature _____ Date _____

FOR ASC USE ONLY: Based on the information above and prior census information provided to ASC, our records reflect that this participant is

Employer Match: VESTED at _____ %.

Employer Base Contribution: VESTED at _____ %.