



Retirement Plan Enrollment / Change Form

Saving for retirement is one of the smartest things you can do with your money. You're letting your money work for you. Complete the 4-Step process in this Simple Enrollment Form and let ASC Trust Corporation help you save for a successful retirement, one paycheck at a time!

1. General Information - All fields in this section is required

☐ NEW ENROLLMENT ☐ CHANGE OF EXISTING ELECTION ☐ NO CHANGE

Your Company / Employer Name

Your Full Name (First Middle Last)

Social Security Number / Employee ID Number

Mailing Address

REQUIRED Email Address (your quarterly statement will be posted to your account online unless initialed here)

HOME No.

CELLULAR No.

WORK No.

OTHER No.

Marital Status

☐ Not Married

☐ Married - Spouse Name:

Date of Birth (mm/dd/yy)

Date of Hire (mm/dd/yy)

2. Contribution Election

☐ NEW ENROLLMENT ☐ CHANGE OF EXISTING ELECTION ☐ NO CHANGE

"FORMULA FOR SUCCESS"

In order to have a successful retirement, it is recommended that private sector employees **save about 10% of gross income**, for 35 years, in an investment that earns about 8.5% a year. Your age and proximity toward retirement should also be considered. Contact an ASC Representative to prepare a Retirement Calculation for you by calling (691) 320-7470 or send an email request to info@ascstrust.com.

☐ I wish to participate in my Employer's Retirement Plan and hereby authorize my Employer to withhold the following amount from my income for deposit into the Plan:

_____ % per pay period **OR** \$ _____ per pay period. All Employee contributions will be deducted on an after-tax basis.

☐ I wish to allow ASC to automatically increase my contribution by 1% a year until I've reached 10% total contribution.

☐ I do not wish to participate at this time.

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 Retirement Plan.

PARTICIPANT SIGNATURE: _____ DATE: ____/____/____

AUTHORIZED PLAN ADMINISTRATOR: _____ DATE: ____/____/____

☎ (691) 320-7470 ✉ P.O. Box 2113 Pohnpei, FM 96941 🌐 www.ascstrust.com



Retirement Plan Enrollment / Change Form

This section directs how your retirement contributions will be invested. Please select only **ONE** of the options listed below. If no selection is made, your account will be defaulted into a Age-Weighted Profile described in Option A.

3. Investment Selection

Your Company / Employer Name: _____

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

- ☐ **OPTION A: Age-Weighted Profiles** - I choose to be in a Age-Weighted Profile Investment. I understand that by selecting this option, ASC will automatically setup my investments that is in line with my age and projected years toward retirement as illustrated in the chart below. Based on my age, ASC will allocate my account according to one of the following target date profiles below. I understand that my existing balance will be transferred to this election unless initiated here _____.

Date of Birth:

____/____/____
month day year

DEFAULT INVESTMENT BY AGE			
Year of Birth	Target Date Profile	Year of Birth	Target Date Profile
-1948	Offshore 2010 Profile	1969-1973	Offshore 2035 Profile
1949-1953	Offshore 2015 Profile	1974-1978	Offshore 2040 Profile
1954-1958	Offshore 2020 Profile	1979-1983	Offshore 2045 Profile
1959-1963	Offshore 2025 Profile	1984-1988	Offshore 2050 Profile
1964-1968	Offshore 2030 Profile	1989-1993	Offshore 2055 Profile
		1994+	Offshore 2060 Profile

- ☐ **OPTION B: Risk-Based Profiles** - Allocate my account according to the profile selected below.
For detailed profile information on 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 initiated here _____.

☐ **Conservative** 100% Bonds
☐ **Moderately Conservative** 50% Bonds 50% Stocks
☐ **Moderate** 30% Bonds 70% Stocks
☐ **Moderately Aggressive** 15% Bonds 85% Stocks
☐ **Aggressive** 2% Bonds 98% Stocks

- ☐ **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, contact our office for an in-depth Prospectus Report. I understand that my existing balance will be transferred to this election unless initiated here _____.

STABLE VALUE OPTION

_____ QBXSQ - Franklin US Dollar Liquid Reserve Fund (Money Market)

BOND OPTION

_____ QWUCQ - Franklin US Ultra Short Bond Fund (Ultra Short Term Bond)

_____ QWZNQ - Legg Mason W.A. US Core Bond Fund (Intermediate Term Bond)

_____ QBUYQ - Templeton Global Bond Fund (Global Bond)

_____ QVBVQ - Franklin High Yield Fund (High Yield Bond)

U.S. EQUITIES OPTIONS

_____ QXADQ - Legg Mason Capital Management Value (Large Value)

_____ QXABQ - Legg Mason Capital Management Growth (Large Growth)

_____ QXHUQ - Legg Mason Royce US Small Cap Opportunity (Small Value)

_____ QBTJQ - Franklin US Opportunities Fund (QBTJQ)

_____ QWXGQ - Templeton Emerging Markets (Diversified Emerging Markets)

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 Retirement Plan.

PARTICIPANT'S SIGNATURE: _____

DATE: ____/____/____

PLAN ADMINISTRATOR'S SIGNATURE: _____

DATE: ____/____/____



Retirement Plan Enrollment / Change Form

As a participant in my company sponsored Retirement 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.

4. Beneficiary Designation

☐ NEW ENROLLMENT ☐ CHANGE OF EXISTING ELECTION ☐ NO CHANGE

Your Company / Employer Name

Your Full Name (First Middle Last)

Social Security Number / Employee ID Number

PRIMARY BENEFICIARY

Marital Status: ☐ Married* ☐ Not Married

Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %

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

SECONDARY BENEFICIARY

Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %

Submit a separate document if you are designating additional beneficiaries. Please ensure that all 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 Summary Plan Description and investment information and that I understand the provisions of my Employer's Retirement Plan.

PARTICIPANT SIGNATURE: _____ DATE: ____/____/____

AUTHORIZED PLAN ADMINISTRATOR: _____ DATE: ____/____/____