



ENROLLMENT/CHANGE FORM

1. My Decision

Select One: New Participant Current Participant Returning Participant

This section must be completed.

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

I elect to participate in my retirement plan and start my family on the road to financial independence.



I elect NOT to participate in my retirement plan at this time. I understand that if my employer makes an employer match, I will not receive the match which results in me making less money than my co-workers who are participating.



2. General Information

Select One: New Enrollment Change of General Information No Change

CNMI Government 401(a) and 457 Defined Contribution Savings Plan

Employer/Plan Name

____ - ____ - ____

Your Full Name (Last Name, First Name, Middle Initial)

Social Security Number

Mailing Address

City

State

Zip Code

Email Address (Your quarterly statement will be posted to your account online unless Initialed here: ____)

Home Phone

Cell Phone

Work Phone

Other Phone

Date of Birth (mm/dd/yy)

Date of Hire (mm/dd/yy)

Marital Status: Not Married

Married* - Spouse Name: _____

*Common Law Is NOT recognized as legal marriage.

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary plan Description and Investment information and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant

Date

Authorized Plan Administrator

Date

CNMI Government 401(a) and 457 Defined Contribution Savings Plan

Employer/Plan Name _____

Your Full Name (Last Name, First Name, Middle Initial) _____

Social Security Number _____

3. Contribution Election

Select One: New Enrollment Change of Contribution Election No Change

In order to have a successful retirement, It is recommended that employees save at least **10% -20% of their gross income for 35 years in an investment that earns about 7.5% per year.** Your age and proximity toward retirement should also be considered. Contact our ASC Advisor Team to request for a personalized retirement calculation by calling (671) 477-2724 or send an email request to info@ASCTrust.com.

Voluntary 401(a) Defined Contribution Retirement Plan

- Please enroll me as a member in the CNMI Government 401(a) Defined Contribution Plan.**
I understand that by becoming a member in the 401(a) Plan, I will contribute 10% of my pay toward the CNMI Government DC Plan on an after-tax basis. Additionally, I understand that the CNMI Government will contribute 4% to my account under this plan.
- I DO NOT want to be a member of the CNMI Government 401(a) Defined Contribution Plan.**
I am an active member in the 401(a) Plan and I would like to stop making contributions. I understand that when I stop making contributions, the government will no longer make a 4% contribution to my account.

Voluntary 457 Defined Contribution Savings Plan

- Please enroll me as a member in the CNMI Government 457 Defined Contribution Savings Plan.**
I would like to contribute _____ %.
- I am an active member of the 457 Plan and would like to change my contribution.**
I would like to contribute _____ %.
- I DO NOT want to be a member of the CNMI Government 457 Defined Contribution Plan.**
I am an active member in the 457 Plan and I would like to stop making contributions.

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary plan Description and Investment information and I understand the provisions of the Commonwealth of the Northern Mariana Islands Government Defined Contribution Plan.

Signature of Participant

Date

Authorized Plan Administrator

Date

CNMI Government 401(a) and 457 Defined Contribution Savings

Employer/Plan Name

Your Full Name (Last Name, First Name, Middle Initial)

Social Security Number

4. Investment Selection

Select One:

New Enrollment

Change of Investment Selection

No Change

This section directs how your retirement contributions will be invested.

OPTION A: Target Date Profiles (TDP)

I choose to be in a Target Date Profile (T. Rowe Price Retirement)

Investment. I understand that by selecting this option, ASC will automatically set up my investments that is in line with my age and projected years towards retirement as illustrated in the chart below. Based on my age, ASC will allocate to my account according to one of the following target date profiles below.

I understand that any existing balance will be transferred to this election unless initialed here: _____

Your Date of Birth

____ / ____ / ____
(m m / d d / y y)

OPTION B: Risk-Based Profiles

Allocate my account according to the profile selected below. For detailed profile information and Prospectuses, please visit our website at www.ASCTrust.com or contact ASC.

I understand that any existing balance will be transferred to this election unless initialed here: _____

Fund Selection

- Conservative Fund
- Balanced Fund
- Growth for Retirement (Aggressive)

(Select One)

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, log onto www.morningstar.com, or contact our office for an in-depth Prospectus Report.

I understand that any existing balance will be transferred to this election unless initialed here: _____

Allocation	Fund Name	Style	Ticker	Management	Fee
%	Fidelity Money Market	Liquidity - Money Market	FMPXX	Active	0.18%
%	Stable Value Fund	Liquidity - Stable Value	*	Active	*
%	Vanguard Total Bond Index	Bonds - Core Fixed Income	VBPIX	Passive	0.04%
%	MetWest Total Return Fund	Bonds - Core Plus Income	MWTIX	Active	0.37%
%	JP Morgan Equity Income Select	US Equity Large Cap Value	HLIEY	Active	0.72%
%	Vanguard Institutional Index	US Equity Large Cap Blend	VINIX	Passive	0.04%
%	Harbor Capital Appreciation	US Equity Large Cap Growth	HACAX	Active	0.67%
%	J. Hancock Disciplined Val Mid Cap	US Equity Mid Cap Blend	JVMRX	Active	0.75%
%	Carillon Eagle Mid Cap Growth	US Equity Mid Cap Growth	HRAUX	Active	0.64%
%	Vanguard Mid Cap Index I	US Equity Mid Cap Blend	VMCIX	Passive	0.04%
%	Wasatch Small Cap Value	US Equity Small Cap Value	WICVX	Active	1.05%
%	AMG TimeSquare Small Growth	US Equity Small Cap Growth	TSQIX	Active	1.06%
%	Causeway International Value Fund	Foreign Large Value	CIVIX	Active	0.85%
%	Vanguard Total International Stock	International Equity Large Blend	VTSNX	Passive	0.08%
%	MFS International Growth I	Foreign Large Growth	MOGIX	Active	0.83%
Total: 100% Total Percentage MUST equal to 100%					

Contact ASC for your plan's Stable Value Fund details. I understand that any existing balance will be transferred to this election unless initialed here: _____ . Most plans provide additional Specialty Funds for sophisticated participants and/or participants under the guidance of an individual investment advisor. You can find out if your plan provides Specialty Funds by contacting us or logging on to our website.

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary Plan Description and Investment information and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant

Date

Authorized Plan Administrator

Date

CNMI Government 401(a) and 457 Defined Contribution Savings

Employer/Plan Name

____ - ____ - ____

Your Full Name (Last Name, First Name, Middle Initial)

Social Security Number

5. Naming My Beneficiary

Select One: New Enrollment Change of Beneficiary(ies) No Change

As a participant in my employer sponsored retirement plan, I hereby acknowledge that in accordance with the rights granted to me under the Plan to designate and redesignate the beneficiary(ies) to receive my Plan benefit in the event of my death, I hereby designate 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 Form in the event of such change. In the event of my death, I hereby acknowledge that in accordance with the terms of my employer's Plan Document, I hereby designate the following beneficiary(ies) to receive my retirement benefit in the order of priority as indicated below. Furthermore, I understand that any beneficiary that I name that is either a minor or incapable of caring for oneself, the benefit will be paid to the individual's legal guardian or other legal representative.

Primary Beneficiary

Marital Status: Not Married Married* - Spouse Name: _____

**If you are legally married (common law is NOT recognized as legal marriage), 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).*

Full Name [<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %

Secondary Beneficiary

A secondary beneficiary is entitled to receive your retirement benefit in the event that the primary beneficiary is deceased or not eligible to receive the asset.

Full Name [<input type="checkbox"/> Primary <input type="checkbox"/> Secondary]	Date of Birth (mm/dd/yy)	Contact Number	Social Security Number	Relationship to You	Share %

Updated 5/2022

Authorization: By signing below, I acknowledge that I had the opportunity to review the Summary plan Description and Investment Information and I understand the provisions of my Employer's Retirement Plan. If I want to make changes to my investment election in the future, I can do so by completing a change form or by accessing my account online.

Signature of Participant

Date

Authorized Plan Administrator

Date