



# CNMI Government 401(a) and 457 Defined Contribution Savings 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 are required

Please select one:

☐ NEW ENROLLMENT ☐ CHANGE OF GENERAL INFORMATION ☐ NO CHANGE

Agency Name

Your Full Name (First Middle Last)

Social Security 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

☐ Legally Married\* - Spouse Name:

\*(Common Law not recognized as legal marriage)

Date of Birth (mm/dd/yy)

Date of Hire (mm/dd/yy)

## 2. Contribution Election

Please select one:

☐ NEW ENROLLMENT ☐ CHANGE OF CONTRIBUTION ELECTION ☐ NO CHANGE

**Note: If you are a current Defined Contribution participant and do NOT wish to make any changes, please disregard this form.**

### 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% of my pay 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 that I understand the provisions of the Commonwealth of the Northern Mariana Islands Government Defined Contribution Plan.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORIZED PLAN ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

☎ (670) 235-2724/5 ☒ PMB 201 PO Box 1001 Saipan, MP 96950 ☎ www.ascstrust.com



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As a participant in my government 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. 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.

## 3. Beneficiary Designation

Please select one:

☐ NEW ENROLLMENT ☐ CHANGE OF BENEFICIARY DESIGNATION ☐ NO CHANGE

Agency Name

Your Full Name (First Middle Last)

Social Security Number

### PRIMARY BENEFICIARY

\* If you are **legally married** (common law 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). 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.

Marital Status: ☐ Not Married ☐ Legally Married\*

Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
<hr/>				
If applicable, FBO (For the Benefit Of) Full Name of Minor Child	Date of Birth	Social Security No.	Relationship to Employee	
<hr/>				
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
<hr/>				
If applicable, FBO (For the Benefit Of) Full Name of Minor Child	Date of Birth	Social Security No.	Relationship to Employee	
<hr/>				
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
<hr/>				
If applicable, FBO (For the Benefit Of) Full Name of Minor Child	Date of Birth	Social Security No.	Relationship to Employee	

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 %
<hr/>				
If applicable, FBO (For the Benefit Of) Full Name of Minor Child	Date of Birth	Social Security No.	Relationship to Employee	
<hr/>				
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
<hr/>				
If applicable, FBO (For the Benefit Of) Full Name of Minor Child	Date of Birth	Social Security No.	Relationship to Employee	
<hr/>				
Full Name	Date of Birth	Social Security No.	Relationship to Employee	Share %
<hr/>				
If applicable, FBO (For the Benefit Of) Full Name of Minor Child	Date of Birth	Social Security No.	Relationship to Employee	

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 the Commonwealth of the Northern Mariana Islands Government Defined Contribution Plan.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORIZED PLAN ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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The next two pages contains your options on how you wish to direct your investments. Please 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.

## 4. Investment Selection

Please select one:

☐ NEW ENROLLMENT ☐ CHANGE OF INVESTMENT SELECTION ☐ NO CHANGE

Agency Name

Your Full Name (First Middle Last)

Social Security Number

☐ **OPTION A: Target Date Profiles** - I choose to be in a Select Target Date Profile (TDP) 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 initialed here \_\_\_\_\_.

Date of Birth:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

☐ **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.ascstrust.com](http://www.ascstrust.com) or contact ASC. I understand that my existing balance will be transferred to this election unless initialed here \_\_\_\_\_.

**FUND SELECTION** (Select One)

- ☐ 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, log onto [www.morningstar.com](http://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	0.21%
%	Liquidity - Stable Value	Stable Value Fund	Active	*	*
%	Bonds - Core Fixed Income	Vanguard Total Bond Index	Passive	VBPIX	0.07%
%	Bonds - Core Plus Income	MetWest Total Return Fund	Active	MWTIX	0.40%
%	US Equity Large Cap Value	JP Morgan Equity Income Select	Active	HLIEX	0.79%
%	US Equity Large Cap Blend	Vanguard Institutional Index	Passive	VINIX	0.04%
%	US Equity Large Cap Growth	Harbor Capital Appreciation	Active	HACAX	0.65%
%	US Equity Mid Cap Blend	J.Hancock Disciplined Val Mid Cap	Active	JVMRX	0.76%
%	US Equity Mid Cap Growth	Carillon Eagle Mid Cap Growth	Active	HRAUX	0.78%
%	US Equity Mid Cap Blend	Vanguard Mid Cap Index I	Passive	VMCIX	0.07%
%	US Equity Small Cap Value	DFA US Small Cap Value I	Active	DFSVX	0.52%
%	US Equity Small Cap Growth	Voya Small Cap Growth	Active	NSPIX	1.16%
%	Int'l Equity Large Cap Value	MFS International Value	Active	MINIX	0.82%
%	Int'l Equity Large Blend	Vanguard Total Int'l Stock	Passive	VTSNX	0.12%
%	Foreign Large Growth	MFS International Growth I	Active	MQGIX	0.95%

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 Summary Plan Description and investment information and that I understand the provisions of the Commonwealth of the Northern Mariana Islands Government Defined Contribution Plan.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORIZED PLAN ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# CNMI Government 401(a) and 457 Defined Contribution Savings Plan Enrollment / Change Form

This page contains a list of our Specialty Funds. These investments should only be used by participants who are sophisticated investors and/or under the guidance of an individual investment advisor.

## \* Investment Selection—Specialty Funds \*

Please select one:

☐ NEW ENROLLMENT ☐ CHANGE OF INVESTMENT SELECTION ☐ NO CHANGE

Agency Name

Your Full Name (First Middle Last)

Social Security Number

☐ **OPTION D: Specialty Funds** - 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](http://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 \_\_\_\_.

FUND SELECTION (Enter % amounts that add up to 100%)	Fund Name	Ticker Symbol	Fee
% GNMA	Vanguard GNMA	VFIJX	0.11%
% Long Term Bond	Delaware Extended Duration Bond Inst	DEEIX	0.76%
% Inflation Protected Bond	BlackRock Inflation Protected Bond Instl	BPRIX	0.57%
% MultiSector Bond	Pioneer Strategic Income Y	STRYX	0.73%
% High Yield Bond	Neuberger Berman High Yield	NRHIX	0.61%
% World Bond	Templeton Global Bond	TGBAX	0.66%
% Emerging Market Bond	Goldman Sachs Emerging Mkt Debt Inst	GSDIX	0.91%
% Emerging Market Equity	Virtus Emerging Markets Opportunities I	HIEMX	1.30%
% Non-U.S. Small Cap Equity	Touchstone International Small Cap	TNSIX	2.07%
% Real Estate	DFA Global Real Estate Securities Port	DFGEX	0.24%
% Gold	iShares Gold	IAU	0.25%
% Natural Resources	Van Eck Global Hard Assets	GHAYX	1.16%
% Healthcare	BlackRock Health Sciences	SHSSX	0.99%
% Technology	Fidelity Select Software and Comp.	FSCSX	0.77%
% China	Matthews China	MCHFX	1.12%
% OTHER:			
% OTHER:			
% OTHER:			
% OTHER:			

## 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 the Commonwealth of the Northern Mariana Islands Government Defined Contribution Plan.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORIZED PLAN ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Specialty List  
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