

## MY DECISION This section must be completed.

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.



## General Information

Employer / Plan Name

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Your Name (Last Name, First Name, MI)


Social Security Number

Mailing Address

City

State/Territory

ZIP

 E-mail Address (Notifications will be sent to your email address. Your account will be set to electronic statements unless initialed here \_\_\_\_\_.)

HOME Phone

CELLULAR Phone

WORK Phone

OTHER Phone

Date of Birth (mm/dd/yyyy)

Date of Hire (mm/dd/yyyy)

Marital Status:  Not Married  Married\* - Spouse Name: \_\_\_\_\_  
\*(Common Law 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 that I understand the provisions of my Employer's Retirement Plan.

Signature of Participant

Date

Authorized Plan Administrator

Date

This is a:  New Enrollment  Change Form  Re-Enrollment

Employer / Plan Name

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Your Name (Last Name, First Name, MI)

Social Security Number

## My Contribution Decision

**Sign Me Up!**

I elect to participate in my employer's Retirement Plan and hereby authorize my Employer to deduct the following income for deposit into the plan.

\_\_\_\_\_ % per pay period      OR      \$ \_\_\_\_\_ per pay period  
NOTE: Your company may limit your election to a percentage option only. (As allowed by your employer)

**Catch-Up**

Check this box if you are 50 or older this year and may contribute over the 2015 annual employee contribution limit of \$18,000. You must be at least 50 years of age or older by the end of the 2015 calendar year to be eligible to contribute up to an additional \$6,000 (for a total maximum employee contribution of \$24,000 for the 2015 calendar year).

## Pre-Tax or ROTH Contribution

**ROTH**

I elect to make my employee contributions ROTH. (Please note contributions will default to a pre-tax deferral unless you make this selection. Not all plans allow this option.)

## Annual Auto Increase

**Increase!**

I elect to allow ASC to automatically increase my contribution annually as follows and in accordance to my Plan.

\_\_\_\_\_ % Annual Increase      For: \_\_\_\_\_ years

## Online Enrollment

If you prefer to enroll electronically, you may be able to do so by logging on to our secure website. Under **Account Login**, enter your Social Security Number under **User ID** and the last four digits of your Social Security Number for your **Password**. Once signed in, it is recommended that you change your Password to something more secure. Follow the Enrollment steps on our website on your first visit.

[www.ASCTrust.com](http://www.ASCTrust.com)

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

Signature of Participant

Date

Authorized Plan Administrator

Date

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## OPTION 1: Target Date Profiles (TDP)

**I choose to be in a Target Date Profile (TDP) Investment.** I understand that by selecting this option, ASC will automatically set up my investments in line with my age and projected years to retirement. *I understand that any existing balance will be transferred to this election unless initialed here \_\_\_\_\_.*

**Your Date of Birth**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year

## OPTION 2: Dynamic Retirement Trust (DRT)

**Allocate my account to the risk allocation fund selected below (select one).** For detailed profile information and Prospectuses, please visit our website at [www.asctrust.com](http://www.asctrust.com) or contact ASC.

Fund Selection	Time Horizon	Fund Selection	Time Horizon
<input type="checkbox"/> Liquidity Fund	0-4 Years	<input type="checkbox"/> Balanced Fund	13-16 Years
<input type="checkbox"/> Conservative Fund	5-8 Years	<input type="checkbox"/> Balanced with Growth	17-20 Years
<input type="checkbox"/> Conservative Balanced	9-12 Years	<input type="checkbox"/> Growth for Retirement	20+ Years

*I understand that any existing balance will be transferred to this election unless initialed here \_\_\_\_\_.*

## OPTION 3: ASC Core Funds

**Allocate my account according the percentages below** (Allocated percentages must add up to 100%).

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	VBTIX	0.07%
%	Bonds - Core Plus Income	MetWest Total Return Fund	Active	MWTIX	0.40%
%	Diversified Equity	DRT Aggressive Fund	Active	**	1.06%
%	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 Value	John Hancock Disciplined Val.	Active	JVMIX	0.90%
%	US Equity Mid Cap Growth	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%
%	Int'l Equity Large Growth	Artisan International Fund	Active	ARTIX	1.17%

*\*Please be advised that if your Plan does not have a Stable Value option available, your Allocation % will be redirected to the Fidelity Money Market Fund (FMPXX). \*\* ASC DRT*

*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 additional 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 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

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Your Name (Last Name, First Name, MI)

Social Security Number

## Rollover Funds

I have a balance in a previous employer's retirement plan. Please contact me to help me consolidate my accounts.

## Naming My Beneficiary

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 Designation Form in the event of such change.

**PRIMARY BENEFICIARY** Marital Status:  Not Married  Legally Married\*

\* 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).

Full Name	Date of Birth	Social Security No.	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.


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Signature of Participant

Date

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