

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

Contribution rate effective: _____

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)

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

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 _____

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 _____

OPTION 1: Select Target Date Profiles (TDP)

I choose to be in a Select 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 or contact ASC. *I understand that any existing balance will be transferred to this election unless initialed her* _____ .

Fund Selection

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

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%
%	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	John Hancock Disciplined Val Mid Cap	Active	JVMRX	0.76%
%	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%
%	Foreign Large Growth	MFS International Growth I	Active	MQGIX	0.95%

*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 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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Employer / Plan Name _____

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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*

* 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%

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 _____

Authorized Plan Administrator _____

Date _____

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