



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 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

Your Plan Name

CONTINENTAL MICRONESIA, INC.

- Guam Division:
 Hawaii

Your Full Name (First Middle Last)

Social Security Number

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Mailing Address

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

Employee #

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

"FORMULA FOR SUCCESS"

In order to have a successful retirement, it is recommended that employees **save about 10% of gross income**, for 35 years, in an investment that earns about 7.5% a year. Your age and proximity toward retirement should also be considered. Contact the ASC Advisory Team to request for a personalized retirement calculation by calling (671) 477-2724 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. Please indicate if it will be: pre-tax OR post-tax OR Roth

I am age 50 or older and wish to make a catch-up contribution in the following amount:
 _____ % per pay period. Please indicate if it will be: pre-tax OR post-tax OR Roth

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: ____/____/____



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 Target Date Profile described in Option A.

4. Investment Selection

Please select one:

NEW ENROLLMENT CHANGE OF INVESTMENT SELECTION NO CHANGE

Your Company / Employer Name

CONTINENTAL MICRONESIA, INC.

Your Full Name (First Middle Last)

Social Security Number
 - -

OPTION A: Age-Weighted Profiles - I choose to be in an Age-Weighted Profile Investment. Based on my age, ASC will allocate my account according to one of the following age-weighted profiles. I understand that my existing balance will be transferred to this election unless initiated here _____.

Date of Birth:

____ / ____ / ____
 month day year

Age-Weighted Profile Name	Ticker Symbol	Year of Birth	Age-Weighted Profile Name	Ticker Symbol	Year of Birth
Retirement Income Fund:	TRRIX	= 1937 or before	Retirement 2035 Fund:	TRRJX	= 1968 - 1972
Retirement 2005 Fund:	TRRFX	= 1938 - 1942	Retirement 2040 Fund:	TRRDJ	= 1973 - 1977
Retirement 2010 Fund:	TRRAX	= 1943 - 1947	Retirement 2045 Fund:	TRRKX	= 1978 - 1982
Retirement 2015 Fund:	TRRGX	= 1948 - 1952	Retirement 2050 Fund:	TRRMX	= 1983 - 1987
Retirement 2020 Fund:	TRRBX	= 1953 - 1957	Retirement 2055 Fund:	TRRNK	= 1988 - 1992
Retirement 2025 Fund:	TRRHK	= 1958 - 1962	Retirement 2060 Fund:	TRRLK	= 1993 or after
Retirement 2030 Fund:	TRRCX	= 1963 - 1967			

OPTION B: 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 my existing balance will be transferred to this election unless initiated here _____.

CASH & BOND OPTIONS

- _____ % TRP - Stable Value Fund Sch A N/A (Stable Value)
- _____ % Retirement Money Fund (Money Market)
- _____ % RPSIX - Spectrum Income Fund (Multisector Bond)
- _____ % RPBAX - Balanced Fund (Moderate Allocation)

SMALL CAP FUND OPTIONS

- _____ % PRNHX - New Horizons Fund (Small Growth)
- _____ % OTCFX - Small-Cap Stock Fund (Small Blend)
- _____ % PRSVX - Small-Cap Value Fund (Small Blend)

MID-CAP FUND OPTIONS

- _____ % TRMCX - Mid-Cap Value Fund (Mid-Cap Value)
- _____ % RPMGX - Mid-Cap Growth Fund (Mid-Cap Growth)
- _____ % PEXMX - Extended Equity Market Index (Mid-Cap Blend)

MID-CAP FUND OPTIONS

- _____ % PRFDX - Equity Income Fund (Large Value)
- _____ % TRVLX - Value Fund (Large Value)
- _____ % TRBCX - Blue Chip Growth Fund (Large Growth)
- _____ % PRWAX - New America Growth Fund (Large Growth)
- _____ % PREIX - Equity Index 500 Fund (Large Blend)
- _____ % PRSGX - Spectrum Growth Fund (Large Blend)

INTERNATIONAL FUND OPTIONS

- _____ % PRIDX - International Discovery Fund (Foreign Small/Mid Growth)
- _____ % TRIGX - International Growth & Income (Foreign Large Value)
- _____ % PRITX - International Stock Fund (Foreign Large Growth)

SPECIALTY FUND OPTIONS

- _____ % PRSCX - Science & Technology Fund (Specialty - Technology)
- _____ % PRASX - New Asia Fund (Pacific Asia/ex-Japan Stk)

LIFESTYLE FUND OPTIONS

- _____ % TRRIX - Retirement Income Fund (Target Date 2000-2014)
- _____ % TRRFK - Retirement 2005 Fund (Target Date 2000 - 2014)
- _____ % TRRAX - Retirement 2010 Fund (Target Date 2000 - 2014)
- _____ % TRRGK - Retirement 2015 Fund (Target Date 2015 - 2029)
- _____ % TRRBK - Retirement 2020 Fund (Target Date 2015 - 2029)
- _____ % TRRHK - Retirement 2025 Fund (Target Date 2015 - 2029)
- _____ % TRRCX - Retirement 2030 Fund (Target Date 2030+)
- _____ % TRRJX - Retirement 2035 Fund (Target Date 2030+)
- _____ % TRRDJ - Retirement 2040 Fund (Target Date 2030+)
- _____ % TRRKX - Retirement 2045 Fund (Target Date 2030+)
- _____ % TRRMX - Retirement 2050 Fund (Target Date 2030+)
- _____ % TRRNK - Retirement 2055 Fund (Target Date 2030+)
- _____ % TRRLK - Retirement 2060 Fund (Target Date 2030+)

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: ____/____/____



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. 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

Your Plan Name
CONTINENTAL MICRONESIA, INC.

Your Full Name (First Middle Last)

Social Security Number
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PRIMARY BENEFICIARY

* If you are legally married, 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: Married* Not Married

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 %

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: ____/____/____