



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



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

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

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: ____/____/____

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



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

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 **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

Target Date Profile	Retirement Date	Year of Birth
TDP 2060 Profile	2060+	1995+
TDP 2055 Profile	2055-2059	1990-1994
TDP 2050 Profile	2050-2054	1985-1989
TDP 2045 Profile	2045-2049	1980-1984
TDP 2040 Profile	2040-2044	1975-1979
TDP 2035 Profile	2035-2039	1970-1974
TDP 2030 Profile	2030-2034	1965-1969
TDP 2025 Profile	2025-2029	1960-1964
TDP 2020 Profile	2020-2024	1955-1959
Pre-Retirement Profile	2015-2019	1950-1954
Retirement Income Profile	Retired	1949 or Earlier

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 my existing balance will be transferred to this election unless initialed here _____.

FUND SELECTION (Select One)	Time Horizon
<input type="checkbox"/> Liquidity Fund	0-4 Years
<input type="checkbox"/> Conservative Fund	5-8 Years
<input type="checkbox"/> Conservative Balanced Fund	9-12 Years
<input type="checkbox"/> Balanced Fund	13-16 Years
<input type="checkbox"/> Balanced With Growth Fund	17-20 Years
<input type="checkbox"/> Growth For Retirement Fund	20+ Years

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.asctrust.com



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

This page is a contains individual investment funds for those participants that want to make their own selections.

4. Investment Selection (Cont.)

Please select one:

NEW ENROLLMENT CHANGE OF INVESTMENT SELECTION NO CHANGE

Agency Name

Your Full Name (First Middle Last)

Social Security Number

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 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.

FUND SELECTION (Enter % amounts that add up to 100%)	Management	Fund Name	Ticker Symbol	Fee
LIQUIDITY FUNDS				
% Money Market	Active	Fidelity Money Market	FMPXX	0.21%
% Stable Value	Active	Galliard Stable Value	QBGZQ	0.48%
BOND FUNDS				
% Core Fixed Income	Passive	Vanguard Total Bond Market Index	VBTIX	0.07%
% Core Plus Income	Active	MetWest Total Return Fund	MWTIX	0.40%
U.S. EQUITIES				
% U.S. Large Cap Value	Active	JP Morgan Equity Income Select	HLIEX	0.79%
% U.S. Large Cap Blend	Passive	Vanguard Institutional Index	VINIX	0.04%
% U.S. Large Cap Growth	Active	Harbor Capital Appreciation	HACAX	0.65%
% U.S. Mid Cap Blend	Active	John Hancock Disciplined Value Mid Cap	JVMRX	0.76%
% U.S. Mid Cap Growth	Active	Eagle Mid Cap Growth	HRAUX	0.78%
% U.S. Mid Cap Blend	Passive	Vanguard Mid Cap Index	VMCIX	0.07%
% U.S. Small Cap Value	Active	DFA U.S. Small Cap Value	DFSVX	0.52%
% U.S. Small Cap Growth	Active	Voya Small Cap Growth	NSPIX	1.16%
INTERNATIONAL EQUITIES				
% Non-U.S. International Value	Active	MFS International Value	MINIX	0.82%
% Non-U.S. Equity	Passive	Vanguard Total International Stock	VTSNX	0.12%
% Non-U.S. International Growth	Active	MFS International Growth	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: ____/____/____

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



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, 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	Vanguard REIT Index I	VGSNX	0.10%
% 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: ____/____/____

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

Specialty List
82014/72017