

Enrollment Form

COLLEGE OF MICRONESIA - FSM RETIREMENT PLAN

Participant Name:	Employee ID #:
Mailing Address:	
Marital Status: 🗌 Not Married 🗌 Married – Spouse Name:	
Date of Birth/ Date of Hire/	
CONTRIBUTION ELECTION	
I wish to participate in the Retirement Plan, and hereby authorize my Empl compensation and deposit such amount into the Plan: % per pay p	
FUTURE INVESTMENT SELECTION - 1 hereby authorize my Employer	to invest my future contributions in \underline{ONE} of the following options below:
OPTION A - Allocate my account according to the percentages indicate	ed below that add up to 100%.
CASH OPTION	STOCK FUND OPTION
SMGXN - SSB Government Fund (Money Market)	PEOPX - Dreyfus S&P 500 Index Fund (Large Cap Core)
BOND OPTION	LAFPX - Lord Abbett Affiliated (Large Cap Value)
STVSX - Strong Government Securities Inv. (Intermediate Fixed Bond)	JAMRX - Janus Mercury (Large Cap Growth)
STCBX - Strong Corporate Bond (Long Term Bond)	RYPRX - Royce Premier (Small Cap Value)
SGINX - Scudder GNMA (Mortgage Backed Bond)	BESCX - Berger Small Company Growth (Small-Cap Growth)
PHDDX - PIMCO High Yield (High Yield Bond)	TWIEX - American Century International Growth Inv. (Int'l Equity)
CGFIX - Credit Suisse Global Fixed Income (Int'l Fixed Bond)	WPEMX - Credit Suisse Emerging Markets Fund (Emerging Markets Equity)
For more information on individual mutual funds, log onto www.morningstar.com, or contact our office for an in-depth Prospectus Report.	
OPTION B - Allocate my account according to the profile selected below.	
Conservative Profile	Moderately Conservative Profile
Assat Class Comparative Index Allocation	Assat Class Comparative Index Allocation

Conservative Prome		
Asset Class	Comparative Index	Allocation
Intermediate Fixed Bond	LB Gov't / Corp Long	50%
Long Term Bond	LB Gov't / Corp Long	5%
Mortgage Backed Bond	LB Mortgage Backed	20%
High Yield Bond	LB High Yield Bond	5%
International Fixed Bond	SSB Non-U.S. Gov't Bond	10%
TOTAL BONDS		90%
Cash		10%

Moderate Profile

Asset Class	Comparative Index	Allocation
Intermediate Fixed Bond	LB Gov't / Corp Long	23%
Long Term Bond	LB Gov't / Corp Long	5%
Mortgage Backed Bond	LB Mortgage Backed	5%
High Yield Bond	LB High Yield Bond	10%
International Fixed Bond	SSB Non-U.S. Gov't Bond	5%
TOTAL BONDS		48%
Large Cap Value	Russell 1000 Value	18%
Large Cap Growth	Russell 1000 Growth	17%
Small Cap Value	Russell 2000 Value	3%
Small Cap Growth	Russell 2000 Growth	2%
International Equity	MSCI EAFE	10%
TOTAL EQUITY		50%
Cash		2%

Aggressive Profile

Asset Class	Comparative Index	Allocation
Large Cap Value	Russell 1000 Value	32%
Large Cap Growth	Russell 1000 Growth	31%
Small Cap Value	Russell 2000 Value	8%
Small Cap Growth	Russell 2000 Growth	7%
International Equity	MSCI EAFE	15%
Emerging Markets	Lipper Emerging Markets	5%
TOTAL EQUITY		98%
Cash		2%

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Asset Class	Comparative Index	Allocation
Intermediate Fixed Bond	LB Gov't / Corp Long	30%
Long Term Bond	LB Gov't / Corp Long	5%
Mortgage Backed Bond	LB Mortgage Backed	10%
High Yield Bond	LB High Yield Bond	10%
International Fixed Bond	SSB Non-U.S. Gov't Bond	8%
TOTAL BONDS		63%
Large Cap Value	Russell 1000 Value	18%
Large Cap Growth	Russell 1000 Growth	17%
TOTAL EQUITY		35%
Cash		2%

Moderately Aggressive Profile

Asset Class	Comparative Index	Allocation
Intermediate Fixed Bond	LB Gov't / Corp Long	13%
High Yield Bond	LB High Yield Bond	10%
International Fixed Bond	SSB Non-U.S. Gov't Bond	5%
TOTAL BONDS		28%
Large Cap Value	Russell 1000 Value	23%
Large Cap Growth	Russell 1000 Growth	22%
Small Cap Value	Russell 2000 Value	5%
Small Cap Growth	Russell 2000 Growth	5%
International Equity	MSCI EAFE	10%
Emerging Markets	Lipper Emerging Markets	5%
TOTAL EQUITY		70%
Cash		2%

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 College of Micronesia -FSM Retirement Plan.

PARTICIPANT'S	SIGNATURE:
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ADMINISTRATOR'S SIGNATURE:

DATE:

DATE: /___

____/___/___

Beneficiary Designation Form

COLLEGE OF MICRONESIA - FSM RETIREMENT PLAN

Participant: _____

Employee ID#:

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 designate the following beneficiary(ies) to receive such benefit in the order of priority as indicated:

Primary Beneficiary	
Full name: Date of Birth:	
Mailing address:	//
City/State/Zip code:	
Relationship to employee:	
Secondary Beneficiary - In the eve	nt the Primary Beneficiary(ies) is not living, my beneficiary(ies) shall be:
Full name:	
Date of Birth:	//
Mailing address:	
City/State/Zip code:	
Relationship to me:	

Each of the above-designated beneficiaries shall have the right to elect any method of payment permitted under the Plan, including the right to receive any death benefit in the form of a lump sum distribution. This beneficiary designation form revokes any prior beneficiary designation made by me.

Participant's Signature

___/___/___ Date

Plan Administrator's Signature

_/___/__ Date