



# COLLEGE OF MICRONESIA – FSM

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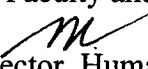

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Office of Human Resources

## *MEMORANDUM*

TO: All Faculty and Staff  
FROM:  Director, Human Resources  
THRU: President   
DATE: May 3, 2006  
SUBJECT: Retirement Program Open Season

June is the open season for the Retirement Plan Program. Employees who are currently enrolled and wish to make changes in the contribution election may do so at this time. Likewise, employees who are not enrolled in the Plan may enroll at this time provided they are full-time employees and have **completed the first year of service.**

Attached are the necessary forms for your use. Please submit your forms to the Human Resources Office by June 21, 2006. Payroll deductions will begin for the pay period that includes June 28, 2006.

If you have any questions in regard to the Retirement Plan, please feel free to contact the HR Office.

Thank you.



# 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 Employer to withhold the indicated percentage or dollar amount from my gross compensation and deposit such amount into the Plan: % \_\_\_\_\_ per pay period **OR** \$ \_\_\_\_\_ per pay period.

### FUTURE INVESTMENT SELECTION - I hereby authorize my Employer to invest my future contributions in ONE of the following options below:

#### OPTION A - Allocate my account according to the percentages indicated below that add up to 100%.

##### CASH OPTION

\_\_\_\_\_ SMGXN - SSB Government Fund (Money Market)

##### BOND OPTION

\_\_\_\_\_ STVSX - Strong Government Securities Inv. (Intermediate Fixed Bond)

\_\_\_\_\_ STCBX - Strong Corporate Bond (Long Term Bond)

\_\_\_\_\_ SGINX - Scudder GNMA (Mortgage Backed Bond)

\_\_\_\_\_ PHDDX - PIMCO High Yield (High Yield Bond)

\_\_\_\_\_ CGFIX - Credit Suisse Global Fixed Income (Int'l Fixed Bond)

##### STOCK FUND OPTION

\_\_\_\_\_ PEOPX - Dreyfus S&P 500 Index Fund (Large Cap Core)

\_\_\_\_\_ LAFPX - Lord Abbett Affiliated (Large Cap Value)

\_\_\_\_\_ JAMRX - Janus Mercury (Large Cap Growth)

\_\_\_\_\_ RYPRX - Royce Premier (Small Cap Value)

\_\_\_\_\_ BESCX - Berger Small Company Growth (Small-Cap Growth)

\_\_\_\_\_ TWIEX - American Century International Growth Inv. (Int'l Equity)

\_\_\_\_\_ WPEMX - Credit Suisse Emerging Markets Fund (Emerging Markets Equity)

For more information on individual mutual funds, log onto [www.morningstar.com](http://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

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%
<b>TOTAL BONDS</b>		<b>90%</b>
Cash		10%

##### Moderately Conservative Profile

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%
<b>TOTAL BONDS</b>		<b>63%</b>
Large Cap Value	Russell 1000 Value	18%
Large Cap Growth	Russell 1000 Growth	17%
<b>TOTAL EQUITY</b>		<b>35%</b>
Cash		2%

##### 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%
<b>TOTAL BONDS</b>		<b>48%</b>
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%
<b>TOTAL EQUITY</b>		<b>50%</b>
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%
<b>TOTAL BONDS</b>		<b>28%</b>
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%
<b>TOTAL EQUITY</b>		<b>70%</b>
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%
<b>TOTAL EQUITY</b>		<b>98%</b>
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: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ 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 event 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