



# BPAS Installation Kit

One Company. One Call.

  
**Roadways**  
TO RETIREMENT

# Let's get started.

Congratulations! You have a plan that will be converting to the **Roadways to Retirement** program offered by BPAS. We look forward to working with you to ensure a smooth conversion process and improving the overall level of service experienced by your plan. This kit is the first critical step.

A conversion is a collaborative process. This **Installation Kit** contains all the forms you'll need to get your plan established. You'll be working with our team of experts, who will be right there guiding you through each step and streamlining this process for your organization while setting the stage for a successful administrative relationship moving forward.

The BPAS Advantage: Full retirement plan service under ONE

## FORMS & EXHIBITS

### REQUIRED

**REQUIRED:** Please complete and submit the following forms and exhibits together as soon as possible so that our conversion team can proceed with your plan setup without delays.

- ☐ Signed Fee Schedule
- ☐ BPAS Installation Kit\*
- ☐ Authorization Letter (if applicable, [Exhibit B](#))
- ☐ Current Adoption Agreement (if applicable)

### OPTIONAL

**OPTIONAL:** The following exhibits and forms are required but can follow at a later date.

- ☐ Plan Sponsor ACH Authorization Form (see [Exhibit A](#))
- ☐ Completed W-9, OR copy of IRS letter assigning your Employer Identification Number, OR Articles of Incorporation, OR Form SS-4 Application
- ☐ Census data to BPAS (see [Exhibit E](#))

*Where applicable please provide the following supporting documentation.*

- |   |   |
|---|---|
| <input type="checkbox"/> Any Plan Amendments      | <input type="checkbox"/> Most Recent ADP/ACP Test         |
| <input type="checkbox"/> Basic Plan Document      | <input type="checkbox"/> Most Recent Top Heavy Test       |
| <input type="checkbox"/> Summary Plan Description | <input type="checkbox"/> Loan Amortization Schedules      |
| <input type="checkbox"/> Most Recent Valuation    | <input type="checkbox"/> Safe Harbor Notice               |
| <input type="checkbox"/> Top Hat Letter           | <input type="checkbox"/> Automatic Enrollment Notice      |
| <input type="checkbox"/> Loan Policy              | <input type="checkbox"/> Summary of Material Modification |

**\*IMPORTANT NOTE:** Please complete this form electronically. This Installation kit includes an interactive spreadsheet to establish the fund menu for your plan. To establish your fund menu – click the “Create Menu” button on page 10, input your fund menu and other required information, and click “Save”. This spreadsheet must be completed prior to submission of this Kit.

## FINANCIAL INTERMEDIARY & EMPLOYER INFORMATION

### FINANCIAL INTERMEDIARY CONTACT INFORMATION

Please complete the information below for the financial intermediary contact(s) for the plan.

Firm Name:

Primary Advisor Contact Information	Advisor Contact Information for the Participant Website
Name:	Name: <input type="checkbox"/> Same as primary
Phone:	Phone:
Email:	Email:
Website:	Website:

☐ Check this box if you have additional contacts and complete [Exhibit I](#).

Custom Message for Plan:  
(512 max characters)

**BPAS Use Only**  
FI VAM Code:

If you are a **new** Financial Intermediary or you need to **change** your payment arrangement click here to complete the [Financial Intermediary Authorization](#).

*If BPAS is currently providing plan-level data (plan name, plan number, tickers, market value) to a third-party data aggregation service on your behalf, and you would like to add this plan to the data feed, please identify which provider you are using:*

- |   |                             |
|---|-----------------------------|
| <input type="radio"/> Not Applicable. Do not add Plan | <input type="radio"/> FI360 |
| <input type="radio"/> Cambridge Investment Research   | <input type="radio"/> RPAG  |
| <input type="radio"/> Commonwealth / Castle Rock      | <input type="radio"/> LPL   |
| <input type="radio"/> Envestnet                       | <input type="radio"/> UBS   |

### SCOPE OF SERVICES, OPERATING CAPACITY, & PLAN DOCUMENT SERVICES

**Hand Benefits & Trust Company (HB&T)**, a BPAS company will act in the capacity of:

- ☐ Directed Trustee
- ☐ Custodian/Agent-to-Trustee. If you select this option, the Trustee will be:
- ☐ The following individual(s) named: \_\_\_\_\_
- ☐ Institutional Trust Company: \_\_\_\_\_
- Trustee will act as: ☐ Discretionary Trustee ☐ Directed Trustee
- ☐ Not Applicable

**BPAS** will act in the capacity of:

- ☐ TPA and Recordkeeper
- ☐ Recordkeeper Only. The TPA will be: \_\_\_\_\_
- ☐ TPA Services Only. Recordkeeping platform will be: \_\_\_\_\_

#### Additional Plan Enhancement Products

- |   |  |
|---|--|
| <input type="checkbox"/> BPAS 3(38) Fiduciary Services:   | <input type="checkbox"/> BPAS 3(16) Fiduciary Services                   |
| <input type="radio"/> Institutional <input type="radio"/> 25 (12b-1) <input type="radio"/> 50 (12b-1) | <input type="checkbox"/> Participant Mailing Services                    |
| <input type="checkbox"/> BPAS 3(21) Fiduciary Services  | <input type="checkbox"/> <a href="#">BPAS Education Support Services</a> |
|   | <input type="checkbox"/> RJ20 Participant Advice                         |

**MET/MEP:** Is this plan joining a Multiple Employer Trust (MET) or Multiple Employer Plan (MEP) ☐ Yes ☐ No

If yes, please name MET/MEP: \_\_\_\_\_

**Document Services** provided by:

- ☐ BPAS (restate plan onto BPAS document)
- ☐ Document will be maintained by: \_\_\_\_\_

EMPLOYER INFORMATION

EMPLOYER/PLAN SPONSOR GENERAL INFORMATION

Employer Name:

Phone Number:

Fax Number:

Web Address:

Physical Address:

City:

State:

Zip:

Mailing Address: ☐ Same as above?

Address 1:

City:

State:

Zip:

EMPLOYER/PLAN SPONSOR BUSINESS INFORMATION

Nature of Business:

Date of Incorporation:

State Domiciled:

EIN\*:

SIC:

Fiscal Year End:

Type of Entity:

☐ Sole-Proprietorship

☐ Partnership

☐ LLC taxed as an S-Corporation

☐ C-Corporation

☐ Not-for-profit

☐ LLC taxed as a Sole-Proprietor

☐ S-Corporation

☐ Professional Service Corporation

☐ LLC taxed as a Partnership

☐ Other:

Plan Sponsor Authorized Individual *(Print Name)*:

Plan Sponsor Authorized Individual's Email Address:

Plan Sponsor Authorized Individual's Signature:

Date:

\*Under the USA PATRIOT Act, BPAS is required to "Know Our Customers." Please complete the section above entirely and return it to us along with a completed W-9, OR a copy of the IRS letter assigning your Employer Identification Number, OR your Articles of Incorporation, OR the Form SS-4 Application used to apply for your EIN.

PROFILE OF OWNERS/LIST OF BOARD MEMBERS (if a non-profit)

Name of Principal + Family Members (parents, spouse, children)	% Owner	Relationship

☐ Check this box if you need additional space and complete [Exhibit D](#).

## EMPLOYER INFORMATION

### ADDITIONAL ENTITY INFORMATION

Do the principals own, control or manage other businesses?

☐ Yes ☐ No

Is the employer affiliated with any other businesses?

☐ Yes ☐ No

Is the employer an owner or division of another business?

☐ Yes ☐ No

Does the employer use any leased employees?

☐ Yes ☐ No

Does the employer maintain any other retirement plan?

☐ Yes ☐ No

If yes to any, describe here:

### EMPLOYER/PLAN SPONSOR CONTACT INFORMATION

Please provide at least one contact for each “contact type” option provided.

	Contact Information 1 – Main Contact		Contact Information 2	
<b>Full Name</b>				
<b>Title</b>				
<b>Company Name</b>				
<b>Physical Address</b>	<input type="checkbox"/> Same as corporate address		<input type="checkbox"/> Same as corporate address	
	Address 1:		Address 1:	
	Address 2:		Address 2:	
	City:		City:	
	State:	Zip:	State:	Zip:
<b>Email Address</b>				
<b>Contact Number</b>	Phone:	Cell:	Phone:	Cell:
	Fax:		Fax:	
<b>Contact Type</b> (check all that apply)	<input type="checkbox"/> Principal/Owner	<input type="checkbox"/> Census	<input type="checkbox"/> Principal/Owner	<input type="checkbox"/> Census
	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Payroll	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Payroll
	<input type="checkbox"/> Plan Document	<input type="checkbox"/> Billing	<input type="checkbox"/> Plan Document	<input type="checkbox"/> Billing
	<input type="checkbox"/> Required Notices	<input type="checkbox"/> Email Alerts	<input type="checkbox"/> Required Notices	<input type="checkbox"/> Email Alerts
	<input type="checkbox"/> Plan Sponsor Web Access	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Plan Sponsor Web Access	<input type="checkbox"/> Authorized Signer

# EMPLOYER INFORMATION

## EMPLOYER/PLAN SPONSOR CONTACT INFORMATION

Please provide at least one contact for each "contact type" option provided.

	Contact Information 3		Contact Information 4	
<b>Full Name</b>				
<b>Title</b>				
<b>Company Name</b>				
<b>Physical Address</b>	<input type="checkbox"/> Same as corporate address		<input type="checkbox"/> Same as corporate address	
	Address 1:		Address 1:	
	Address 2:		Address 2:	
	City:		City:	
	State:	Zip:	State:	Zip:
<b>Email Address</b>				
<b>Contact Number</b>	Phone:	Cell:	Phone:	Cell:
	Fax:		Fax:	
<b>Contact Type</b> (check all that apply)	<input type="checkbox"/> Principal/Owner	<input type="checkbox"/> Census	<input type="checkbox"/> Principal/Owner	<input type="checkbox"/> Census
	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Payroll	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Payroll
	<input type="checkbox"/> Plan Document	<input type="checkbox"/> Billing	<input type="checkbox"/> Plan Document	<input type="checkbox"/> Billing
	<input type="checkbox"/> Required Notices	<input type="checkbox"/> Email Alerts	<input type="checkbox"/> Required Notices	<input type="checkbox"/> Email Alerts
	<input type="checkbox"/> Plan Sponsor Web Access	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Plan Sponsor Web Access	<input type="checkbox"/> Authorized Signer
	Contact Information 5		Contact Information 6	
<b>Full Name</b>				
<b>Title</b>				
<b>Company Name</b>				
<b>Physical Address</b>	<input type="checkbox"/> Same as corporate address		<input type="checkbox"/> Same as corporate address	
	Address 1:		Address 1:	
	Address 2:		Address 2:	
	City:		City:	
	State:	Zip:	State:	Zip:
<b>Email Address</b>				
<b>Contact Number</b>	Phone:	Cell:	Phone:	Cell:
	Fax:		Fax:	
<b>Contact Type</b> (check all that apply)	<input type="checkbox"/> Principal/Owner	<input type="checkbox"/> Census	<input type="checkbox"/> Principal/Owner	<input type="checkbox"/> Census
	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Payroll	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Payroll
	<input type="checkbox"/> Plan Document	<input type="checkbox"/> Billing	<input type="checkbox"/> Plan Document	<input type="checkbox"/> Billing
	<input type="checkbox"/> Required Notices	<input type="checkbox"/> Email Alerts	<input type="checkbox"/> Required Notices	<input type="checkbox"/> Email Alerts
	<input type="checkbox"/> Plan Sponsor Web Access	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Plan Sponsor Web Access	<input type="checkbox"/> Authorized Signer

☐ Check this box if you have additional contacts and complete [Exhibit C](#).

## EMPLOYER INFORMATION

### EMPLOYER PAYROLL INFORMATION

The plan sponsor performs payroll:	<input type="radio"/> In house, using the following payroll system: _____
	<input type="radio"/> Using a payroll vendor. The payroll vendor is: _____
Payroll Frequency:	<input type="radio"/> Bi-Weekly (26/year) <input type="radio"/> Semi-Monthly (24/year)
	<input type="radio"/> Weekly (52/year) <input type="radio"/> Monthly (12/year)
	<input type="radio"/> Multiple (Please describe): _____
Next Pay Date (mm/dd/yyyy): _____	

### PLAN TYPE SELECTION

Please select desired plan type.

- |  |   |   |  |
|--|---|---|--|
| <input type="radio"/> 401(k) Plan                    | <input type="radio"/> Money Purchase Plan   | <input type="radio"/> 457(b) or 457(f) Plan | <input type="radio"/> kSOP Plan                |
| <input type="radio"/> Profit Sharing Plan            | <input type="radio"/> ERISA 403(b) Plan     | <input type="radio"/> Unleveraged ESOP Plan | <input type="radio"/> 409A Non-Qualified Plan  |
| <input type="radio"/> 401(k) and Profit Sharing Plan | <input type="radio"/> Non-ERISA 403(b) Plan | <input type="radio"/> Leveraged ESOP Plan   | <input type="radio"/> 1081.01 Puerto Rico Plan |
| <input type="radio"/> Cash Balance Plan              | <input type="radio"/> Other: _____          |   |  |

### BASIC PLAN INFORMATION

☐ START-UP ☐ EXISTING PLAN

Official Plan Name: \_\_\_\_\_

Plan Inception Date: _____	BPAS Service effective date: _____	If different, deferral effective date: _____
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The first Form 5500 to be filed by BPAS will be for the plan year that ends on: _____	Subject to ERISA: <input type="radio"/> Yes <input type="radio"/> No
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If Existing Plan	IRS Plan Number: _____	Plan Year End: _____
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### EXISTING PLAN & CONVERSION INFO

Total Plan Assets: _____		Total # Participants: _____		Total # of Employees: _____	
<b>Please provide:</b>	Current Recordkeeper	Current holder of assets		Current TPA	
Company Name	_____	_____		_____	
Contact Name	_____	_____		_____	
Contact Phone	_____	_____		_____	
Contact E-mail	_____	_____		_____	
Does plan currently use model portfolios?		<input type="radio"/> Yes <input type="radio"/> No			
Does plan currently have any Self Directed Brokerage Accounts (SDBA)?		If yes:	Describe conversion process.		
<input type="radio"/> Yes <input type="radio"/> No			How many?		
Will asset transfer involve any CDSCs, surrender charges, market value adjustment, or 12 month put?		<input type="radio"/> Yes <input type="radio"/> No			
If you are unsure, please leave blank.					
Have you notified existing service providers of this conversion?*		<input type="radio"/> Yes <input type="radio"/> No	If yes, date notice was provided: _____		
			*Provide copy of notification and any paperwork received		



PLAN DESIGN SPECIFICATIONS AND/OR CHANGES

As part of our implementation process, we will review your plan document and provide an in-depth plan design proposal to you. If there are any preliminary plan design features and/or changes that you want to add to your plan, please indicate below (e.g., add a Roth feature, add a loan provision, move to automatic enrollment, etc.). If this is a startup plan, please enter information into this section to indicate the desired plan provisions.

BPAS will contact you to discuss and finalize all plan design issues and features for this plan. Please add key contact information below.

Name:	Phone:
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EMPLOYER CONTRIBUTION

Employer Contribution Type	
<input type="checkbox"/>	Profit Sharing: <input type="radio"/> New Comparability <input type="radio"/> Pro-Rata <input type="radio"/> Integrated <input type="radio"/> Age Weighted <input type="radio"/> Other:
<input type="checkbox"/>	Match: <input type="radio"/> Discretionary <input type="radio"/> Other:
<input type="checkbox"/>	Safe Harbor: <input type="radio"/> Basic Match <input type="radio"/> Enhanced Match <input type="radio"/> 3% Non-Elective
<input type="checkbox"/>	Other:
<input type="checkbox"/>	None

Notes:

AUTOMATIC IRA ROLLOVERS

AutoRollovers, a BPAS Automatic IRA Rollover Service	
(Note: This service is not available for the following plan types: 1081, NQ, SEPs, 457b, and 457f)	
<input type="radio"/> Add AutoRollovers	Select One
We recommend this program for terminated participants with vested balances less than \$7,000.	<input type="radio"/> Accounts of terminated participants from \$200 to \$7,000 (Recommended)
	<input type="radio"/> Accounts of terminated participants from \$1,000 to \$7,000
	<input type="radio"/> Other:
<input type="radio"/> Do not add AutoRollovers	
<input type="radio"/> N/A – AutoRollovers not available for this Plan type	



## LOAN FEATURES

Loans: ☐ Permitted ☐ Not Permitted

If existing plan **and** loans are permitted, please indicate # of outstanding loans:

- ☐ **MyPlanLoan Administration Program.** This Program provides the Plan Administrator with the option to have participant loans administered by MyPlanLoan, a BPAS service. BPAS assumes administration of loan repayments, removing the burden from the Human Resource department (loan repayment through payroll deduction is eliminated), and provides the participant with a flexible repayment plan.

If this program is selected, how would you like to handle existing loans? (select one)

- ☐ Transfer all existing traditional loans to MyPlanLoan. Approximate # of loans: \_\_\_\_\_
- ☐ Do not transfer existing traditional loans to MyPlanLoan.

- ☐ **Traditional Loan Program** - loan repayments made through payroll deductions.

If this program is selected, how would you like to handle loans for terminated participants? (select one)

- ☐ **MyPlanLoan Continuation Program** – *(recommended)* this program is for terminated participants, providing the terminated participant with the option to transfer their outstanding loan to MyPlanLoan for invoicing and repayments, and avoid tax penalties associated with a loan default.
- ☐ Select this option If you wish to use the Traditional Loan Program **without** the MyPlanLoan Continuation Program.

## TRANSFER OF ASSETS – PLAN LEVEL

**Plan Level Transfer of Assets** – For existing plans only. Transfer assets to BPAS on a temporary basis at a Plan level until allocated to participant accounts. *(pick one)*

- ☐ Not Applicable. Start-up plan.
- ☐ Fund-to-fund mapover *(Recommended)* *(complete full investment details on the Investment selection and mapover section)*

- ☐ Single fund conversion (including cash conversion), using the following balanced fund and ticker:

Fund Name:

Ticker:

## TRANSFER OF ASSETS – PARTICIPANT LEVEL

**Participant Level Transfer of Assets & Future Allocations.** For existing plans only. *(pick one)*

- ☐ **Not Applicable.** Start-up plan.

- ☐ **Mapping** – Existing assets are transferred to:

☐ Like funds

☐ Default fund

- ☐ **Enrollment Forms** - All transferring assets and allocations for future contributions will be made according to the participant enrollment form. If the participant does not complete an enrollment form, the default fund selection for this plan will be used.

- ☐ **Online Enrollment** - Before assets transfer, participants will be sent PIN letters with instructions to log into the BPAS website to select investments. The default fund will be used for participants that do not make an election. **This option requires additional time to set up the system, open funds, and mail PIN letters to participants while providing the participant enough time to log in and enroll.**

- ☐ **Other:**

## ENROLLMENT PROCESS

Select an option below for new enrollments **after** conversion is complete

- |   |   |  |
|---|---|--|
| <p><input type="radio"/> <b>Option 1: Full Online Enrollment</b> <i>(recommended)</i> after the conversion is complete. Under full online enrollment, all investment elections and deferral rate elections are made using the web or VRU. <b>HR views the Action Items tab of the Plan Sponsor website to obtain the list of deferral rate changes before processing each payroll.</b></p> <p><input type="checkbox"/> <b>For Start-Up Plans Only:</b> Check here if paper enrollment is desired for the initial enrollment period.</p> | <p><input type="radio"/> <b>Option 2: Basic Online Enrollment</b> after the conversion is complete. Under basic online enrollment, all investment elections are made using the web or VRU, but employees submit a paper form to HR to indicate deferral rate elections.</p> | <p><input type="radio"/> <b>Option 3: Paper Enrollment</b> forms will be used moving forward. HR enters the deferral rate information into payroll system; BPAS enters the investment elections onto our system for new contributions only. <i>(This method is not recommended.)</i></p> |
|---|---|--|

We will accept contribution rates as: *(Select One)*

- ☐ Whole percentages only  
☐ Either whole percentages or fixed dollar amounts per paycheck

## ONLINE AND AUTOMATIC ENROLLMENT INFORMATION

Please enable the Changes to Contribution Rate Report email reminder for the following individuals

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

### Automatic Enrollment Information

To use the BPAS Automatic Enrollment Program, full online enrollment must be elected above. For additional information on this program, please ask your Implementation Specialist or Sales Team representative.

Will plan offer Automatic Enrollment?	<input type="radio"/> Yes <input type="radio"/> No	If yes: Initial Rate: _____%
Will plan offer Automatic Escalation?	<input type="radio"/> Yes <input type="radio"/> No	If yes: Annual Escalation rate: _____% Capped at: _____%
Will the plan use Online Beneficiary Designation?	<input type="radio"/> Yes <input type="radio"/> No	

## ENROLLMENT KITS

Enrollment kits are automatically provided to your plan online.

### INVESTMENT SELECTION & MAPOVER STRATEGY

Please select the “Create your menu” button below to build the fund menu for this plan. This next step involves an interactive spreadsheet that you will use to establish the fund menu for the plan, identify default funds, set a mapping strategy (if applicable), and create model portfolios (if applicable). Once complete, simply click “save” on the spreadsheet and your input will automatically save to this kit. To get started, click the below button.

Create Your  
Menu

Note: You may receive a message that asks you if you want to open the file; if so, please proceed. The button will open up an interactive spreadsheet within the pdf file, to allow the creation of your fund menu.



Questions? Let's Talk.

866-401-5272  
trustsales@bpas.com  
bpas.com



One Company. One Call.