



BPAS Installation Kit Exhibits

One Company. One Call.


Roadways
TO RETIREMENT

ACH AUTHORIZATION

I (we) hereby authorize BENEFIT PLANS ADMINISTRATIVE SERVICES, hereinafter referred to as **BPAS**, to initiate debit entries per each daily contribution processing cycle received to the account indicated below at the depository financial institution named below, and to debit the same to such account. This authority is to remain in full force and effect until BPAS receives written notification from me (or either of us) of its termination in such time and in such manner as to afford BPAS and financial institution a reasonable opportunity to act on it. *

By signing, I agree that I have read the “Automated Debit Policy” section below.

Authorized Signature:	Date:
Full Name:	
Title:	

FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

Plan Name:	Acct Tax ID:	
CENSUS FILE DIVISIONS: Each division that has a separate census file submission must have corresponding ACH authorization to approve debit entries. Please enter the division(s) for which this ACH Authorization will apply. If your firm does not use divisional security, and does not remit a separate census file for each of its divisions, enter NONE .		
6 Digit BPAS Number:	Census File Division(s):	
Financial Institution:		
City:	State:	Zip:
Transit/ABA Number:		
Account Number:		
Account Type: <input type="radio"/> Checking <input type="radio"/> Savings		

*Automated Debit Policy. If the Company authorizes BPAS to initiate debit entries in connection with contributions, loan repayments (if applicable), and other payments made to the Plan, as directed by the Company, through an Automated Clearing House (ACH) electronic funds transfer from the account set up for this purpose, such account shall be designated by the Company on an ACH Authorization. The Company may subsequently designate another bank account by directing BPAS in writing or such other medium as may be acceptable to BPAS. The Company will be responsible for submitting contribution loan repayments and other payment data via electronic means acceptable to BPAS. The Company also directs that the Company’s completed ACH Authorization, or subsequent direction acceptable to BPAS which supersedes the original, shall serve as authorization to the bank indicated by the Company to accept any such debit entries initiated to the designated bank account. The Company agrees that it shall be solely responsible for assuring that BPAS is in receipt of the information necessary to initiate and effectuate the transfer of funds pursuant to this instruction and that the bank account designated by the Company now or in the future, contains sufficient funds to satisfy the BPAS ACH request. Further, the Company agrees and acknowledges that 1) if it should fail to make sufficient funds available in its bank account for ACH purposes, BPAS reserves the right to reverse new contribution trades in participant accounts, 2) purchases will not be considered “plan assets” until funds have actually been delivered to BPAS, and 3) if the Company fails to deliver settlement proceeds, the Company will assume full responsibility for resolving this matter with plan participants, including any financial restitution.

Return Form to BPAS Utica Trust Department (For Your Security, -DO NOT E-MAIL)

Please ensure that all information on this form has been completed. Incomplete forms will not be accepted. Print and fax the signed form to the BPAS Utica Trust Department at: (315) 292-6498. **Please do not e-mail.**

BPAS USE ONLY

Date Rec’d:	By:	Process Date:	By:
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Note to plan sponsor: If you decide to engage our services for your retirement plan, please copy the below Letter onto your corporate letterhead, print and sign it, then send a copy to the prior recordkeeper (email, scan or fax). Please also email a copy to BPAS at TrustSales@bpas.com. This will give us the authorization needed to begin a smooth conversion process. Thank you for your consideration in this process.

(DATE)

RE: (Name of Plan)

Dear Sir/Madam:

We have decided to transfer the administration of our retirement plan to BPAS.

A representative from BPAS may contact you soon to discuss the exact date of the transition and any paperwork requirements you may have. This letter authorizes you to provide BPAS with any information they request to ensure a smooth transition, including any data, documents or reports on our plan.

Once a transition date has been determined, we will provide written instructions to surrender the plan assets and instructions to transfer the proceeds to the new custodian.

Again, thank you for the services you have provided to our plan.

Sincerely,

Authorized Signer

cc: BPAS

EMPLOYER/PLAN SPONSOR CONTACT INFORMATION

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

	Contact Information 5	Contact Information 6
Full Name		
Title		
Physical Address	<input type="checkbox"/> Same as corporate address	
	Address 1:	
	Address 2:	
	City:	
	State:	Zip:
Email Address		
Phone Number		
Fax Number		
Contact Type <i>(check all that apply)</i>	<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 7	Contact Information 8
Full Name		
Title		
Physical Address	<input type="checkbox"/> Same as corporate address	
	Address 1:	
	Address 2:	
	City:	
	State:	Zip:
Email Address		
Phone Number		
Fax Number		
Contact Type <i>(check all that apply)</i>	<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

CENSUS FILE SPECIFICATIONS

Please provide a file containing the information described in the table below. The file should include data for:

- All employees currently employed
- All employees employed in the prior plan year
- All terminated employees that continue to maintain an account in the plan(s)

Hours and compensation should reflect actual hours worked and compensation earned for the prior plan year. You may omit hours and compensation for any employee hired in the current year, but please include all other fields. To ensure the security of your data, please send via secure email or upload via our SFTP site. Instructions to upload via our SFTP are found under Exhibit F. **PLEASE DO NOT EMAIL THE FILE. Note:** If your plan runs on a fiscal year (rather than the calendar year), we will send you a separate email requesting additional census data.

Please indicate those employees who have ever worked 1000 + hours in a prior plan year so that BPAS can identify Long Term Part Time employees, if applicable to your plan. In addition, for any employee who has never worked 1000 + hours, please indicate if they have worked between 500 – 999 hours in 3 consecutive plan years from 2021 (exclude years prior to 2021).

Please submit file in comma delimited (.csv) format. Follow the Field Alignment guidelines below. View sample template [here](#).

Field Alignment

- **Alpha Numeric fields:** Formatted as left justified text
- **Numeric fields:** Formatted as a Numeric with 2 decimals

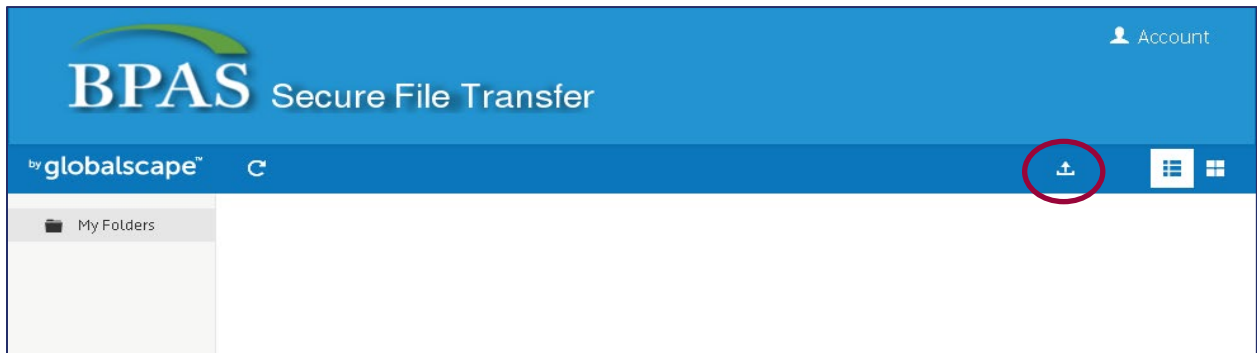
Field Requirement	Required	Optional
Social Security Number	X	
First Name	X	
Last Name	X	
Gender - M or F	X	
Address 1 (maximum 30 characters)	X	
Address 2 (maximum 30 characters)	X	
City	X	
State	X	
Zip	X	
Date of Birth (mm/dd/yyyy)	X	
Date of Hire (mm/dd/yyyy)	X	
Date of Rehire (mm/dd/yyyy)	X	
Date of Termination (mm/dd/yyyy)	X	
Div/Sub		X
Union (Y or N)	X	
Non-Resident (Y or N)	X	
Leased Employee (Y or N)	X	
Prior Plan Year Annual Compensation	X	
Prior Plan Year Annual Hours	X	
Employee Ever Worked 1000+ Hours (Y or N)	X	
Did Employee Work Between 500-999 Hours in 3 Consecutive Years (Y or N)	X	
Employer Provided Email Address	X	


SECURE FILE TRANSFER PORTAL (SFTP) INSTRUCTIONS

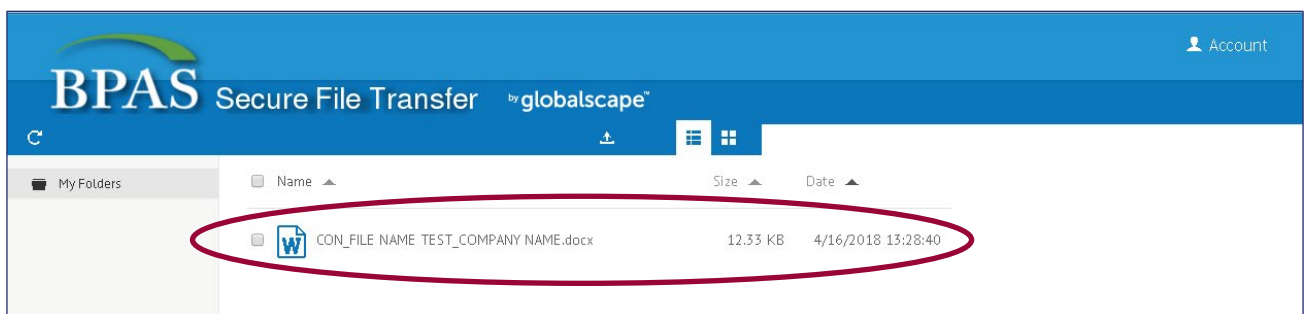
Sending requested documentation to the BPAS Conversion Department is **EASY** using our Secure File Transfer Portal (SFTP). Follow these few easy steps to submit your previous plan documents, confidential employee data, etc.

1. Name your files with a prefix of "Con_". For example, if your file is named census, you need to rename it as: *con_census_Your company name*.
2. Access the link below with the credentials provided.
Link: <https://sftp.bpas.com>
Username: Conversions
Password: SFTP4Conv.014

3. You will see the below screen.



4. Click File Upload arrow  and choose the file you wish to upload.
5. Click Open. Your uploaded file will appear on the list view tab as shown below. Once your file is uploaded you won't be able to access it from this site.



6. There is nothing else you need to do. Your file will automatically upload to BPAS. We do recommend that you send an email notifying your BPAS Representative that you have uploaded a file and include the name of your file. We will then confirm our receipt of the file.
7. Click Account. Click Logout.



Live Web Demo

The BPAS Plan Sponsor Portal

**New to BPAS? Haven't used the website in a while?
Want to learn about the newest upgrades?**

**Join us for a free, live, one-hour web demo. See how the
BPAS sponsor portal can make managing your retirement
plan a breeze**

Who should attend?
HR personnel, payroll,
CFO – anyone in your
organization who will be
tasked with administering
your retirement plan.

Remember, the plan
sponsor portal will give
access to confidential
employee data so
carefully consider who
should access the site.

We'll show you these tips and more:

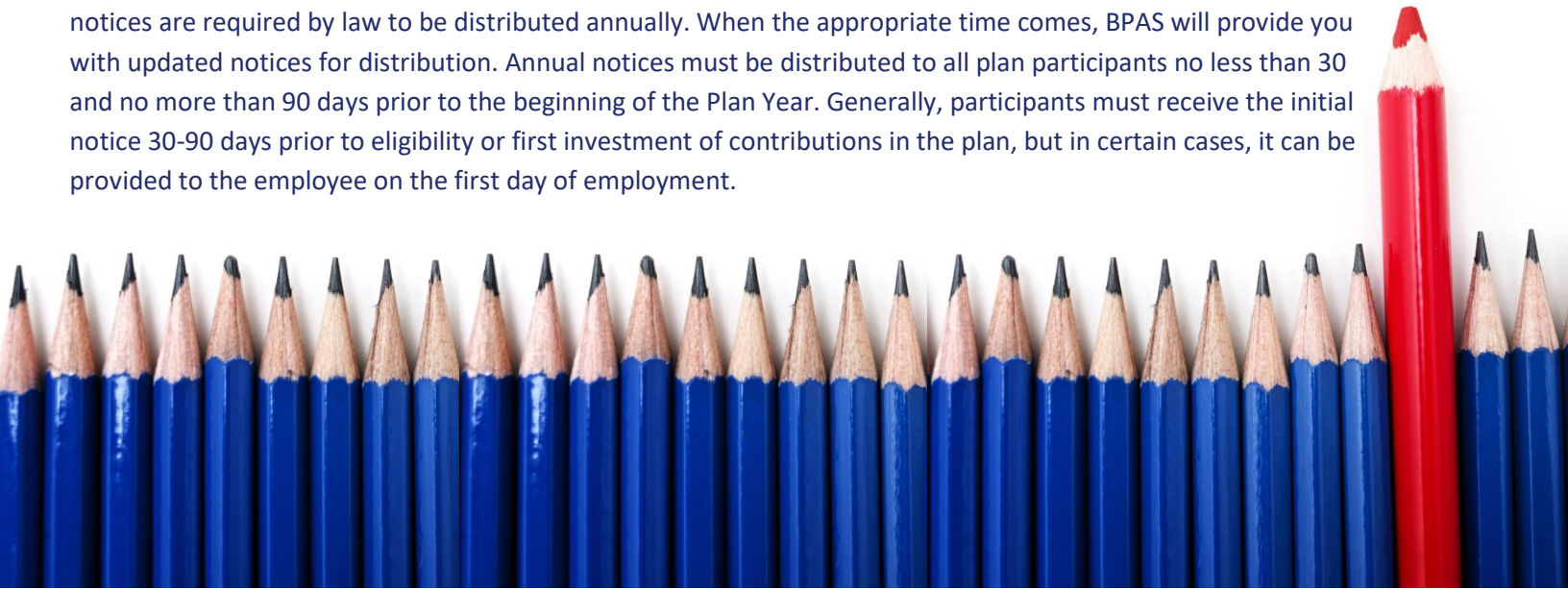
- Participant balance and allocation information
- Transaction reports
- Utilization Reports
- Interactive banner messaging
- Fund fact sheets and prospectuses
- Online statements, Trust reports, statement on demand capabilities
- Pertinent forms
- Education materials
- Legislative Information

Pick the time that works best for you:

2nd Tuesday of every month: 10 am ET

4th Tuesday of every month: 2 pm ET

During the initial plan setup period, BPAS will provide you with various participant notices for distribution. Some notices are required by law to be distributed annually. When the appropriate time comes, BPAS will provide you with updated notices for distribution. Annual notices must be distributed to all plan participants no less than 30 and no more than 90 days prior to the beginning of the Plan Year. Generally, participants must receive the initial notice 30-90 days prior to eligibility or first investment of contributions in the plan, but in certain cases, it can be provided to the employee on the first day of employment.



These are some examples of notices that may be required based on the current design of your plan:

QDIA Notice

QDIA Notice: Only plans with a Qualified Default Investment Alternative (QDIA) are subject to this notice requirement. This must be provided to all plan participants prior to their first investment in the default fund and annually thereafter. The annual notice must be provided no less than 30 and no more than 90 days prior to the beginning of the Plan Year. Investment information, such as a fund fact sheet, must be included.

404(a)(5)

This notice outlines plan expenses incurred by participants and applies to participant directed Plans subject to ERISA. The initial notice must be provided prior to first opportunity for participant or beneficiary to direct investments and annually thereafter. A change notice must be distributed to all participants at least 30 days but no more than 90 days prior to the effective date of the change. The annual notice must be provided no less than 30 and no more than 90 days prior to the beginning of the Plan Year.

Safe Harbor Notice for Guaranteed Safe Harbor and Safe Harbor Matching Contribution

Only plans with a safe harbor contribution are subject to this notice requirement. This notice must be provided to all new employees not more than 90 days prior to the date they meet eligibility and no later than the date they meet eligibility. This notice must be sent annually to all participants no less than 30 and no more than 90 days prior to the beginning of the Plan Year.

Safe Harbor Maybe and Supplemental Notices

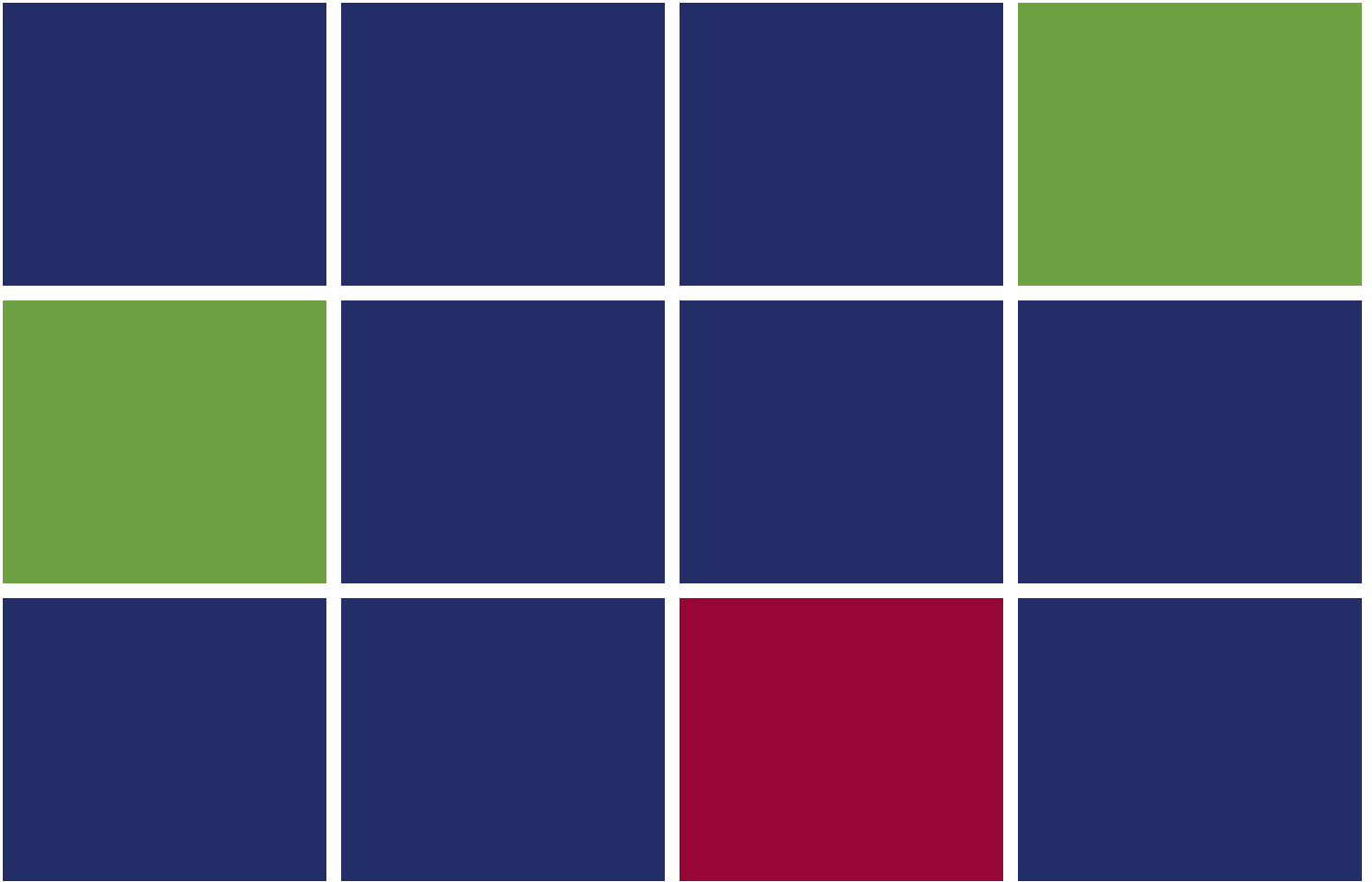
This is only for the plans that have a “maybe” safe harbor 3% non-elective contribution. This must be sent to all participants no later than 30 days prior to the end of the Plan Year informing participants that the 3% safe harbor contribution will be made for that year. It can be sent separately or as part of the safe harbor notice for the following year.

Automatic Enrollment Notices – *ACA/ *EACA

Only Plans with an automatic enrollment feature are subject to this notice requirement. The notice must be provided to all participants in advance of the first investment of automatic employee contributions and annually thereafter. Notice includes information about the automatic contributions, opportunity to elect out and information on the plan’s QDIA and how to change investments.

*ACA - Automatic Contribution Arrangement

*EACA- Eligible Automatic Contribution Arrangement



Questions? Let's Talk.

📞 866-401-5272

✉ trustsales@bpas.com

🌐 bpas.com

