



# Pooled Employer Plan (PEP)

## Installation Kit

One Company. **One Call.**

**Roadways**  
TO RETIREMENT

# Let's get started.

Congratulations! You will be adopting a **Pooled Employer Plan (PEP)** program offered by BPAS. We look forward to working with you to ensure a smooth onboarding process and improving the overall level of service experienced by your plan. This kit is the first critical step.

An implementation 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.



## 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](#))
- ☐ Copy of IRS letter assigning your Employer Identification Number, or Form W-9
- ☐ Census data to BPAS (see [Exhibit E](#))

**\*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 8, input your fund menu and other required information, and click “Save”. This spreadsheet must be completed prior to submission of this Kit.

## FINANCIAL INTERMEDIARY CONTACT INFORMATION

Contact Name:

Firm Name:

Phone:

Email:

**BPAS Use Only**

FI VAM Code:

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

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

**3(38) Fiduciary Services** to be provided by: \_\_\_\_\_

This plan is joining the following Pooled Employer Plan (PEP): \_\_\_\_\_

## ADOPTING EMPLOYER 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:

## ADOPTING EMPLOYER BUSINESS INFORMATION

Nature of Business:

Date of Incorporation:

State Domiciled:

Fiscal Year End:

EIN\*:

SIC:

Type of Entity:

☐ Sole-Proprietorship☐ Partnership☐ LLC taxed as a 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:

Preparer's Full Name:

\*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 **copy of the IRS letter assigning your Employer Identification Number or Form W-9**.

### 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](#).

### ADDITIONAL ENTITY INFORMATION

Do the principals own, control or manage other businesses?	<input type="radio"/> Yes <input type="radio"/> No
Is the employer affiliated with any other businesses?	<input type="radio"/> Yes <input type="radio"/> No
Is the employer an owner or division of another business?	<input type="radio"/> Yes <input type="radio"/> No
Does the employer use any leased employees?	<input type="radio"/> Yes <input type="radio"/> No
Does the employer maintain any other retirement plan?	<input type="radio"/> Yes <input type="radio"/> No

If yes to any, describe here:

### ADOPTING 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): _____	

### BASIC PLAN INFORMATION

Official Plan Name: _____	
Plan Inception Date: _____	Subject to ERISA: <input type="radio"/> Yes <input type="radio"/> No
BPAS Service effective date: _____	If different, deferral effective date: _____
Please check one:	<input type="radio"/> <b>New Plan:</b> The first Form 5500 to be filed by BPAS will be for the plan year that ends on: _____
	<input type="radio"/> <b>Existing Plan:</b> IRS Plan Number is: _____ and Plan Year Ends on: _____

## ADOPTING EMPLOYER 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:	Fax:	Phone:	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
	<b>Contact Information 3</b>		<b>Contact Information 4</b>	
<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:	Fax:	Phone:	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](#).

## EXISTING PLAN &amp; IMPLEMENTATION 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)? <input type="radio"/> Yes <input type="radio"/> No		If yes:	How many?		
			Describe conversion process?		
Will asset transfer involve any CDSCs, surrender charges, market value adjustment, or 12 month put? If you are unsure, please leave blank.					<input type="radio"/> Yes <input type="radio"/> No
Have you notified existing service providers of this conversion?*			<input type="radio"/> Yes <input type="radio"/> No	If yes, date notice was provided: <i>*Provide copy of notification and any paperwork received</i>	

## 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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## 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)*

- ☐ Fund-to-fund Mapover *(Recommended)* *(complete full investment details on the Investment selection and Mapover section)*
- |   |            |         |
|---|------------|---------|
| <input type="radio"/> 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)*

- ☐ **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

## Online Enrollment Information

We will accept contribution rates as: *(Select One)* ☐ Whole percentages only  
☐ Either whole percentages or fixed dollar amounts per paycheck

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? <span style="margin-left: 100px;"><input type="radio"/> Yes <input type="radio"/> No</span>		

**ENROLLMENT KITS**

Enrollment kits are automatically provided to your plan online. If you would like to order printed enrollment kits please complete this section.

Number of hard-copy kits:

Date of first enrollment meeting (subject to BPAS approval):

Please ship to\*: (select one)

☐ Client

☐ Financial Intermediary

☐ Other (provide below)

If Other, please provide name and address below: (Please note we cannot ship to a PO Box.)

**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.

## BPAS USE ONLY

<b>Operating Capacity:</b>	Directed Trustee: HB&T	Entity Type:
	Pooled Plan Provider: BPAS	MET ID:
Document Services Provided By: BPAS		Add BPAS 3(16) Fiduciary Services
Plan Type: 401(k) and Profit Sharing	PL633:	Enrollment Process: Full Online Enrollment

## (BPAS ONLY USE) 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:

## (BPAS ONLY USE) AUTOMATIC IRA ROLLOVERS

## AutoRollovers, a BPAS Automatic IRA Rollover Service

<input type="checkbox"/>	Add AutoRollovers (We recommend this program for terminated participants with vested balances less than \$5,000)	Select One
		<input type="radio"/> Accounts of terminated participants from \$200 to \$5,000 (Recommended)
		<input type="radio"/> Accounts of terminated participants from \$1,000 to \$5,000
		<input type="radio"/> Other:

## LOAN FEATURES

Loans: ☐ Permitted ☐ Not PermittedIf 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.

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



**Questions? Let's Talk.**

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



**One Company. One Call.**