

ADOPTION AGREEMENT

1. **Volume Submitter Sponsor Name (as it appears on IRS Letter) The sponsor name will appear as the name of the plan document on the title page. Note: This is the name of the organization that sponsors the Volume Submitter; this is NOT the adopting Employer. The FIS sponsored 403(b) documents will have FIS's name in the footer of the documents and in the first paragraph of the basic plan document and adoption agreements. The IRS allows your company name to be in the document title as FIS does not manage the plan for your employer clients. Your company, in effect, acts as an agent of the FIS plan.**
 - u. FIS Business Systems LLC appears on IRS letter as sponsor. IRS Revenue Procedure 2015-36 imposes certain responsibilities on sponsors of pre-approved plans and the use of this plan is subject to the provisions of that procedure, including any IRS modifications to the procedure, as well as the following requirements. By selecting each of the following you are agreeing to the terms of the use of this FIS sponsored volume submitter plan.
 1. The plan being prepared is solely for the use of the employer indicated in the adoption agreement (the "adopting employer") as well as any participating employers to such plan. The use of the plan for any other employer is strictly prohibited. FIS will retain the adopting employer information in order to comply with the IRS requirement of maintaining a list of adopting employers.
 2. You agree, on behalf of FIS, to notify the adopting employer of any IRS required updates or restatements. You agree to indemnify and hold FIS harmless should the adopting employer miss any required amendments or restatements. You also agree to provide the employer with a copy of the entire plan (basic plan document and adoption agreement) and the IRS advisory letter.
 3. FIS will notify you of, and provide, any required updates in accordance with FIS's usual business practices (generally email notification and amendments may require an additional fee) FIS will use the information entered below for such purpose. You also agree to be subscribed to FIS's Technical Updates. You also agree to notify us of any change in your contact information.
 - a. Name of Plan Sponsor: _____
 - b. Email: _____
 - c. Street Address: _____
 - d. City: _____
 - e. State: _____
 - f. Zip: _____
 4. The IRS requires a contact to answer employer questions relating to the use of the plan. You agree to specify a contact from your firm for such purpose.
 - v. Your Firm appears on IRS letter as sponsor – enter your firm name as it appears on the letter _____ (you must select this option if your firm has an IRS advisory letter in your firm name for this document)

RELATED/PARTICIPATING EMPLOYERS

66. **Are there Related Employers (or in the case of a Multiple Employer Plan, unrelated Employers) who are adopting the Plan as Participating Employers?**
 - a. No
 - b. Yes

AND (select all that apply)

 1. list the Participating Employers in the SPD
 2. include Participation Agreements for Related/Participating Employers
67. **FIRST PARTICIPATING EMPLOYER INFORMATION**
 - a. Name _____
 1. Address same as primary Employer (skip b.)

Signee

 2. Name of person signing on behalf of the Participating Employer _____
 3. Email address of person signing on behalf of the Participating Employer _____
 - b. Address (Street) _____
 1. City _____
 2. State _____
 3. Zip _____
 - c. Telephone _____
 - d. Taxpayer Identification Number (TIN) _____
 - e. Fiscal Year _____

PLAN STATUS

 - f. New Plan
 - g. Restated Plan
 - h. Cessation

EFFECTIVE DATE(S)

 - i. **Initial Effective Date of Plan** _____ (enter month day, year)

Restatement Effective Date. If this is an amendment and restatement, enter effective date of the restatement.

 - j. _____ (enter month day, year)

Cessation Effective Date.

 - k. _____ (enter month day, year)

Different elections or special Effective Dates. (Choose one):

 - l. None. There are no different elections or special Effective Dates which apply to the Participating Employer.
 - m. Applies. As to the Participating Employer, the following elections apply (or do not apply) which are different (or have different Effective Dates) than the elections applicable to the Signatory Employer:
 1. Election number _____
 - a. Applies
 - b. Does not apply
 - c. Completion of election blanks-as necessary
 - d. Effective Date _____

- 2. Election number _____
 - a. Applies
 - b. Does not apply
 - c. Completion of election blanks-as necessary
- d. Effective Date _____

Will there be a Second Related/Participating Employer?

- n. No (skip to 95)
- o. Yes

NOTE: The Relius document system allows information to be entered for up to 20 Participating Employers. Repeat information above for each additional employer (see Questions 68-86)

Skip to 95.

DOCUMENT REQUESTS

95. Do you want an Adoption Agreement?

- a. No
- b. Yes

Font Options for Adoption Agreement (default is 9pt Times unless otherwise selected below)

- 1. 8.5pt Arial

Vendor(s) signature. Vendor is not required to sign the Adoption Agreement unless 2. Is selected below (leave blank if not applicable)

- 2. Vendor is required to sign the Adoption Agreement

Appendix D (required investment information) will appear at the end of the Adoption Agreement unless otherwise selected below.

- c. Appendix D should appear as a separate document.

E-Sign. Select the option below if the Adoption Agreement will be signed electronically (i.e., using an e-signature) (leave blank if not applicable)

- d. The Adoption Agreement will be signed electronically (if selected, "signed electronically" will be inserted in the signature lines of the Adoption Agreement)

E-Signature. If the Adoption Agreement will be signed electronically, enter the following information (leave blank if not applicable)

- 1. Name of person signing on behalf of the Employer: _____
- 2. Email address of person signing on behalf of the Employer: _____

Modified Plan or Adoption Agreement (optional)

Changes have been made to the approved plan or adoption agreement. Select d. below to list the modifications. Select e. to include a page in the adoption agreement listing the items entered at 1.- 9.

- e. Modifications (describe changes)
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- f. Include addendum to Adoption Agreement listing modifications (d. must also be selected)

Plan Number (required if 1v.)

Please list the number of the Basic Plan Document and Adoption Agreement from the IRS letters

- g. Enter Basic Plan Document Number: # (e.g. 01) _____
- h. Enter the Adoption Agreement Number: # (e.g. 001) _____

96. Basic Supporting Forms

- a. No basic forms
- b. Includes all forms—Plan, SPD-8.5 x 11, Annual Notices, Tax Notices (402(f)), Administrative Forms, and Resolution "For future development"
- c. Select Individual Forms
 - 1. Plan
 - 2. SPD-8.5 x 11 "For future development"
 - 3. Resolution
 - 4. Annual Contribution Notices (applies only for safe harbor or automatic contributions provisions) "For future development"
 - 5. Annual Investment Notice (QDIA) (applies only for plans with QDIA provisions) "For future development"
 - 6. Tax Notices (402(f)) "For future development"
 - 7. Administrative Forms (select all that apply) "For future development"
 - a. General Forms
 - b. Distribution Forms (General)
 - c. Distribution Forms (Death)
 - d. Distribution Forms (In-Service)
 - e. Loan Forms (applies only if loans to Participants are permitted)

97. Additional Supporting Forms (leave blank if not applicable)

- a. Appendix for Plan Expense Allocations (appears at the end of the SPD)

To the Plan Administrator - Explanation of Forms

Many of the forms packages will include an explanation to the Plan Administrator as the first page of the forms package unless b. is selected below:

- b. Do NOT include Plan Administrator page with forms packages.

98. Format - Supporting Forms

Font Options (default is 9pt Times unless otherwise selected below)

- a. 8.5pt Arial

Drafting Preferences (default is single spacing, ragged margins unless otherwise selected below)

- b. Single, right justified
- c. Double, ragged
- d. Double, right justified

99. **SPD (8.5 x 11). Include headers and/or footers?** (leave blank if not applicable)

- a. Yes (select all that apply)
1. Header for SPD: _____
 2. Footer for SPD: _____
 3. Footer for SPD title page:
 - a. _____
 - b. same as footer at 2. above.

Skip to 101.

SUPPORTING FORMS INFORMATION

101. **Additional Contact Information** (if items are entered below, they will appear in the Supporting Forms in addition to the address and phone number; optional - may be skipped)

- a. Employer
1. Fax: _____
- b. Plan Administrator
1. Fax: _____
 2. Email: _____

Skip to 104.

104. **Plan Expense Allocations selected**, the plan expenses that may be assessed against an individual participant's account may be included (choose a. or all that apply at b. - n.; leave blank if not applicable)

- a. No. Do not include plan expense allocations
- b. Distribution following termination. Amount: \$ _____
- c. Limitation on small account distributions. The Plan will not charge any fee for processing a distribution if participant's vested account balance does not exceed \$ _____
- d. Installment distribution. Amount: \$ _____
(applies only if installments selected under form of distributions)
- e. Administrative processing fee to eliminate certain small account distributions.
- f. Participant loan. (applies only if loans to participants are permitted)
 1. Amount of application fee: \$ _____
 2. Amount of annual maintenance fee: \$ _____
- g. QDRO. Amount: \$ _____
- h. Hardship distribution. Amount: \$ _____
- i. In-service distribution. Amount: \$ _____
(applies only if in-service distributions are permitted)
- j. RMD. Amount: \$ _____
- k. Benefit calculation. Calculation of benefits, including determination of substantially equal payments.
Amount: \$ _____
- l. Other (describe) _____
- m. Other (describe) _____
- n. Other (describe) _____

105. **SPD. COLA - update the SPD for the 2018 limits (optional)** (Note: The SPD and forms currently reflect the 2017 dollar limitations on benefits and contributions)

- a. Yes, include amounts for the _____ tax year as follows: (select all that apply)
1. Annual compensation limit (401(a)(17)): \$ _____
 2. 415 dollar limit: \$ _____
 3. 403(b) deferral limit: \$ _____
 4. 403(b) catch-up limit: \$ _____

SPD. Include language for past provisions? (adds language to the SPD for certain provisions that are no longer included in the Plan) (leave blank if not applicable; skip if new plan)

- b. Yes (select all that apply)
1. Loans were permitted prior to _____

SPD. Include optional language (leave blank if not applicable)

- c. Yes, include the following:
1. Spanish Text. Include in introduction (refers participants to Administrator)
 - a. Administrator Office Hours _____ (optional)

106. **Annual Contribution and Annual Investment Notices.** Include optional language (applies for plans with QDIA provisions and safe harbor or automatic contribution provisions if 96b, 96c4, or 96c5 are selected)

- a. **Effective date.** Fill in effective date of notice(s). Notice is effective for Plan Year beginning on: _____
- b. **Cover letter.** Include Annual Notices cover letter (note if both Annual Contribution and Annual Investment Notices are provided, there will be a single cover letter unless 3. is selected below)
1. **Date.** Cover letter should be dated as follows: (optional) _____
 2. **Employer contact.** Include contact name: (optional) _____
 3. **Separate letter for QDIA.** Include separate cover letter for Annual Investment Notice (QDIA) (only applies for plans with QDIA AND safe harbor or automatic contribution provisions).

Supplemental Safe Harbor Notification. Select all that apply (only for plans with Safe Harbor Nonelective "maybe" contribution provisions)

- c. **Blank notice.** Include blank notice for future Plan Years.
- d. **Filled-in notice.** Include completed notice for current Plan Year (1. and 2. below must be completed)
1. **Plan Year ending date.** Fill in effective date of notice.
Notice is effective for Plan Year ending on: _____
(month day, year)
 2. **Safe Harbor Nonelective Contribution.** Employer has decided to:
(Note: If b. or c. is selected, Plan must be amended.)
 - a. Not make a contribution
 - b. Amend the Plan to contribute 3% of compensation
 - c. Amend the Plan to contribute _____% (not less than 3%) of compensation

Amendment (only applies to safe harbor chosen at Question 106 d.2.b. or d.2.c.)

- e. Include amendment to implement an ADP test Safe Harbor Nonelective Contribution (amendment will be blank unless d.2.b. or d.2.c. is selected).

Skip to 110.

110. **QDIA. (Qualified Default Investment Alternatives)**

(applies only for plans that include QDIAs (AC2(b) has been selected); skip if information will be completed in participant notices at a later time)

- a. No
- b. Yes (leave c. - i. blank if these will be completed in participant notices at a later time)

The basic QDIA(s) are: (select c. or d.)

c. **Single Primary QDIA.** (skip to e.)

(insert name of the QDIA) QDIA characteristics (select all that apply)

1. Investment objectives:

2. Risk/return characteristics:

3. Fees/expenses:

d. **Multiple Primary QDIA.**

QDIA characteristics (select all that apply)

1. Investment objectives:

2. Risk/return characteristics:

3. Fees/expenses:

4. Description of Investments (select all that apply)

<u>Year of NRA</u>	<u>Name of Investment</u>
a. _____	1. _____
b. _____	1. _____
c. _____	1. _____
d. _____	1. _____
e. _____	1. _____
f. _____	1. _____
g. _____	1. _____
h. _____	1. _____
i. _____	1. _____
j. _____	1. _____

e. **Transitional QDIAs** (select all that apply or leave blank if not applicable)

1. Grandfathered (pre-12/24/07) QDIA:

_____ (insert name)

2. Short-term QDIA (120 day maximum):

_____ (insert name)

Short-term QDIA characteristics (select all that apply)

a. Investment objectives:

b. Risk/return characteristics:

c. Fees/expenses:

Frequency of opt-out election. Participants are allowed to elect out of the default investment (select one):

f. at any time.

g. quarterly.

h. Other: _____
(must be at least quarterly).

Fees/restrictions. The following fees and/or restrictions will apply for transfers out of the default election:

i. _____

111. Administrative Forms. Include optional language (leave blank if not applicable)

a. Salary Reduction Agreement.

1. Include option to automatically escalate an affirmative deferral election by _____% as of:

a. first day of each plan year

b. anniversary of date of participation

c. Other: _____

2. Include language to complete the following:

a. Modifications to the Agreement are permitted

b. I am also permitted to revoke my Agreement as of _____

b. **Distribution Election Form.** (Issuer of Automatic IRA). If the plan includes provisions for an Automatic IRA Rollover, include name and address of the financial institution where the IRA will be established

1. Name of IRA Institution: _____

2. Address: _____