

1. **Adoption Agreement - Volume Submitter Sponsor Name (as it appears on IRS Advisory 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. If FIS is the sponsor FIS's name will appear as the name of the plan document and in the footer of the documents. The IRS allows your company name to be in the Adoption Agreement title.**

u.  FIS Business Systems LLC appears on IRS advisory 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

**WARNING: If FIS is the sponsor, then this question must be completed in its entirety before entering additional questions - otherwise data may be lost.**

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 your firm: \_\_\_\_\_
- b. Email: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_
- d. City: \_\_\_\_\_
- e. State: \_\_\_\_\_
- f. Zip: \_\_\_\_\_
- g. Phone: \_\_\_\_\_

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 (you will enter this contact as part of the signature page information).

v.  Your Firm appears on IRS advisory letter as sponsor - enter your firm name as it appears on the advisory letter. \_\_\_\_\_ (you must select this option if your firm has an IRS advisory letter in your firm name for this document)  
Adoption Agreement Title - The Sponsor's name will appear in the title of the Adoption Agreement unless a different name is entered below.

1. \_\_\_\_\_

**PARTICIPATION AGREEMENT**

70. **Participating Employers.** Do you want to enter information for the Employers who are adopting the Plan as Participating Employers? (skip to 95 if 3b3 (volume submitter) or 3b (stand) or 3d have NOT been selected)

- a.  No (skip to 95)
- b.  Yes, enter the short form Participation Agreement information (answer all that apply at 71-90)

**AND, (select all that apply)**

- 1.  list the Participating Employers in the SPD and Notice to Interested Parties (Participating Employers who have ceased participation will not be included)
- 2.  include Participation Agreements for Affiliated/Participating Employers (an adopting resolution and a funding policy are included for each Participation Agreement unless otherwise selected below)

Include only one of the following form(s) (these will appear only once at the end of the Participation Agreement file) (select all that apply):

- a.  Adoption Resolution
- b.  Funding Policy and Method

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

- c.  The Participation Agreements will be signed electronically (if selected, "signed electronically" will be inserted in the signature lines of the Participation Agreements)

**71. FIRST PARTICIPATING EMPLOYER INFORMATION**

a. Name \_\_\_\_\_  
1.  Address same as primary Employer (skip b.)

Participation Agreement signature information (optional)

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 adoption
- g.  Restatement
- h.  Restatement and merger

**EFFECTIVE DATE(S)** (complete i. if new plan; complete i. AND j. if an amendment and restatement; complete i. - k. if plan is being merged)

i.  **Initial Effective Date of Plan Participation** \_\_\_\_\_ (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)

**Merger.** This is a merger into this Plan.

k.  Effective date of merger: \_\_\_\_\_  
(enter month day, year)

1. Name of plan being merged into this Plan:  
\_\_\_\_\_

**Additional Effective Dates**

l.  Cessation. The Participating Employer is ceasing its participation in the Plan effective as of: \_\_\_\_\_

m.  Special effective dates: \_\_\_\_\_

**Will there be a Second Affiliated/Participating Employer?**

n.  No (skip to 95)

o.  Yes

**NOTE:** The FIS document system allows information to be entered for up to 20 Participating Employers. Repeat information above for each additional employer (see Questions 71-90)

**Skip to 95.**

**AMENDMENTS**

**95. Bifurcation Amendment. If selected below,** the plan applies the "partial annuity" rules of IRS Notice 2007-44? (optional)(If selected, amendment is generated with the Plan only if 111a is selected)

a.  Yes, effective for annuity starting dates after: (select one)

1.  N/A – amendment is adopted at sponsor level (111a2 is not elected)

2.  the effective date of Plan

3.  the effective date of this restatement to the extent permitted by 411(d)(6) (may not be selected if a new plan)

4.  Other: \_\_\_\_\_

**Skip to 110.**

**DOCUMENT REQUESTS**

**110. 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

**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)

c.  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 - Volume Submitter plans only). 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.

d.  Modifications (describe changes)

1.  \_\_\_\_\_

2.  \_\_\_\_\_

3.  \_\_\_\_\_

4.  \_\_\_\_\_

5.  \_\_\_\_\_

6.  \_\_\_\_\_

7.  \_\_\_\_\_

8.  \_\_\_\_\_

9.  \_\_\_\_\_

e.  Include addendum to Adoption Agreement listing modifications (e. must also be selected)

**111. Amendments**

**Include the following legislative/regulatory amendment(s)?** Unless otherwise selected below, amendments will provide for adoption by sponsor/volume submitter practitioner on behalf of all adopting employers and will include "signature on file" provision. **Note:** If FIS is on the IRS opinion or advisory letter, **must select option a.2** (no sponsor-level amendment) (optional)

a.  Bifurcation Amendment (i.e., IRS Notice 2017-44 "partial annuities")

1.  Include signature lines for sponsor (rather than "signature on file")

2.  No sponsor-level amendment (Employer must sign)

**Skip to 115.**

**115. Basic Supporting Forms**

a.  No basic forms

b.  Includes all forms--Plan, SPD-8.5 x 11, Short Form Q&A, Annual Notices, Tax Notices (402(f)), Administrative Forms with Guide, Resolution and Index

c.  Select Individual Forms

1.  Plan

2.  SPD-8 1/2 x 11

a.  Short Form Q&A

3.  Resolution

4.  Annual Investment Notice (QDIA) (applies only for plans with QDIA provisions)

5.  Tax Notices (402(f))

6.  Administrator's Guide

7.  Index

8.  Administrative Forms (select all that apply)

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)

- 116. Additional Supporting Forms** (leave blank if not applicable)
- a.  Also include the following forms:
    - 1.  Tax Forms (applies only for Volume Submitter plans with modifications)
    - 2.  Notice to Interested Parties (applies only for Volume Submitter plans with modifications)
    - 3.  Submission Instructions (Submission Forms) (applies only for Volume Submitter plans with modifications)
    - 4.  Appendix for Rollovers From Other Plans (appears at the end of the SPD; applies only if plan accepts rollovers)

**To the Administrator - Explanation of Forms**

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

- b.  Do NOT include administrator page with forms packages.

- 117. Format - Supporting Forms** (if no selection is made defaults apply)
- 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

**SPD (8 1/2 x 11). Include headers and/or footers?** (leave blank if not applicable)

- e.  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.

**SUPPORTING FORMS INFORMATION**

- 118. 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: \_\_\_\_\_
    - 2.  Email: \_\_\_\_\_
  - b.  Administrator (may only be selected with 10b)
    - 1.  Fax
      - a.  \_\_\_\_\_
    - 2.  Email
      - a.  \_\_\_\_\_

- 119. SPD. Pension Benefit Guaranty Corporation coverage**
- Is this Plan covered by PBGC?
- a.  Yes
  - b.  No

- 120. SPD. COLA** - update the SPD for the 2020 limits (optional) (Note: The SPD and forms currently reflect the 2019 dollar limitations on benefits and contributions)
- a.  Include amounts for the 2020 tax year as follows: (select all that apply)
    - 1.  Annual compensation limit (401(a)(17)): \$ \_\_\_\_\_
    - 2.  415 dollar 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 \_\_\_\_\_
    - 2.  Mandatory contributions 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)

- 121. Annual Investment Notice (QDIA).** Include optional language (applies only for plans with QDIA provisions)
- a.  **Effective Date.** Fill in effective date of notice. Notice is effective for Plan Year beginning on: \_\_\_\_\_
  - b.  **Cover Letter.** Include Annual Notice cover letter
    - 1.  **Date.** Cover letter should be dated as follows: (optional) \_\_\_\_\_
    - 2.  **Employer Contact.** Include contact name: (optional) \_\_\_\_\_

**122. QDIA. Include Qualified Default Investment Alternative**

(applies only for plans that include QDIAs; skip to 123 if information will be completed in participant notices at a later time)

- a.  Complete QDIA information for participant notices (answer b.-g.)

The Primary QDIA is

- b.  \_\_\_\_\_ (insert name of the QDIA)
- QDIA characteristics (select all that apply)
- 1.  Investment objectives: \_\_\_\_\_
  - 2.  Risk/return characteristics: \_\_\_\_\_
  - 3.  Fees/expenses: \_\_\_\_\_

- c.  **Transitional QDIAs** (do not select this option c. if there is no short-term QDIA)
  - 1.  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)

- d.  at any time.
- e.  quarterly.
- f.  Other \_\_\_\_\_ (must be at least quarterly)

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

- g.  \_\_\_\_\_

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**Skip to 125.**

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

- a.  **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 (if left blank, the form will include blanks to complete the information at a later time)

1. Name of IRA Institution: \_\_\_\_\_
2. Address: \_\_\_\_\_

**126. Optional Index Information**

- a.  Trust TIN \_\_\_\_\_