

1. **Adoption Agreement - Volume Submitter Sponsor Name (as it appears on IRS Letter).**

The sponsor name will appear as the name of the plan document on the signature page.

This is the name of the organization that sponsors the Plan; this is NOT the adopting Employer.

u. FIS Business Systems LLC
IRS Revenue Procedure 2011-49 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 Consultant's Corner email and Technical Updates. You also agree to notify us of any change in your contact information.

- a. Name _____
- b. Email _____
- c. Street Address _____
- d. City _____
- e. State _____
- f. Zip _____

- 4. If the plan will be submitted to the IRS for a determination letter (DL), then you agree to follow the DL submission procedures. If submitting as a volume submitter using Form 5307, you must identify the modifications you made. You must also include an authorized individual on Form 2848 (Power of Attorney) as the primary representative. FIS employees may only be listed on the Form 2848 with respect to document related issues that relate to the pre-approved language.

- 5. 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. Other: _____ (do not select unless your firm has an IRS advisory letter in your firm name for this document - most firms do not have such letter)

PARTICIPATION AGREEMENT

- 54. Do you want to enter information for the Employers who are adopting the Plan as Participating Employers? (skip to 75 if 3b has not been selected)
 - a. No
 - b. Yes, enter Participation Agreement information (answer all that apply at 54-74)

AND, (select all that apply)

- 1. list the Participating Employers in the SPD (and in the Notice to Interested Parties if this is a Volume Submitter Plan with modifications)
- 2. include Participation Agreements for Participating Employers (an adopting resolution is included for each Participation Agreement unless otherwise selected below)

Include (will appear only once at the end of the Participation Agreement file) (select if applicable):

- a. Adoption Resolution

55. FIRST PARTICIPATING EMPLOYER INFORMATION

- a. Name _____
- b. Address (Street) _____
 - 1. City _____
 - 2. State _____
 - 3. Zip _____
- c. Telephone _____
- d. Taxpayer Identification Number (TIN) _____
- e. Fiscal Year end _____

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** _____
(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: _____.

Skip to 54.

ALLOCATION OF CONTRIBUTIONS AND FORFEITURES

Contributions and Forfeitures will be allocated together for Participating Employers (that are Affiliated Employers) unless a selection is made below (select all that apply at n. - p.; leave blank if none apply)

- n. Contributions (other than matching contributions) made by the Participating Employer will only be allocated to Participants employed by such Participating Employer.
- o. The Participating Employer may make a separate matching contribution on behalf of Participants employed by such Participating Employer.
- p. Forfeitures of amounts attributable to the Participating Employer will only be used for the benefit of the Participants of such Participating Employer.

Will there be a Second Affiliated/Participating Employer?

- q. No (skip to 75)
- r. 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 56-74)

Skip to 75.

OTHER PROVISIONS**75. Optional Provisions** (if not applicable, skip to 88)

- a. **Include hardship provisions of the Budget Act of 2018.** (applies only if the Plan permits hardship distributions; answer 76 and 77 as applicable)

76. Hardships: Default Provisions: Effective for first PY beginning in 2019; loans and 6-month suspension are not required; earnings on elective deferrals may be withdrawn (if plan permits hardship of elective deferrals); and hardship needs include casualty losses and disaster losses.

Termination of deferral suspension. If a Participant received a hardship distribution before the Effective Date, will the Participant be able to resume deferrals after the Effective Date? (must select a or b)

- a. Yes. Beginning on the Effective Date, Elective Deferrals will not be suspended on account of a hardship distribution, regardless of the date of the distribution.
- b. No. The Participant's suspension of Elective Deferrals begun before the Effective Date will continue as originally scheduled.

NOTE: Elective Deferrals can no longer be suspended with respect to any hardship distribution made on or after January 1, 2020.

Expansion of sources available for a hardship distribution. Pursuant to Amendment Section 3.2, are the QNECs and QMACs available for hardship distributions? (must select c. or d.) (Select d. (no) if this does not apply to your plan)

- c. Yes. QNECs and QMACs are available for hardship distributions.
- d. No. QNECs and QMACs are not available for hardship distributions.

77. Hardships. Skip selections a. – d. below if you accept the default provisions listed at 76 above. Any entry in selections a. – d. below will override those defaults.

Loan Requirement. The provisions of Amendment Section 3.1(b), requiring recipients of hardship distributions to take available nontaxable loans, will NOT apply unless selected below: **(skip unless 38b is selected)**

- a. Amendment Section 3.1(b) APPLIES (i.e., Participants are required to obtain a Plan loan) indefinitely, unless and until the Plan is further amended.

Expansion of sources available for a hardship distribution. Earnings on amounts attributable to Elective Deferrals are available for hardship distribution, unless selected below:

- b. Earnings on amounts attributable to Elective Deferrals are NOT available for hardship distributions.

Hardship needs/events. The provisions of Amendment Sections 3.3 (relating to residential casualty losses) and 3.4 (relating to Disaster Losses) apply as of January 1, 2018, or as soon as practical thereafter, unless otherwise elected below:

- c. Amendment Section 3.3 will NOT apply (and so casualty losses are limited to federally declared disasters, pursuant to Code §165(h)).
- d. Amendment Section 3.4 will NOT apply (and so the Plan will not make hardship distributions on account of Disaster Losses).

Effective Dates. Unless otherwise selected below, the Effective Date is the first day of the first Plan Year beginning after December 31, 2018, or as soon as administratively feasible thereafter, and in no event later than the Latest Effective Date. Except as otherwise specified in this Amendment, all provisions are effective on the Effective Date.

- e. Other general Effective Date: _____ (may not be earlier than the first day of the first Plan Year beginning on or after January 1, 2019 or after the Latest Effective Date).
- f. Special Effective Date for Amendment Section 2.2a: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year).
- g. Special Effective Date for Amendment Section 2.3a: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year)
- h. Special Effective Date for Amendment Section 2.3b: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year)
- i. Special Effective Date for Amendment Section 2.3c: _____ (Enter a special effective date for the expansion of hardship needs/events, no sooner than January 1, 2018)

Skip to 88.

DOCUMENT REQUESTS**88. 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

Discretionary amendments. Include the following discretionary amendment(s)? (leave blank if not applicable)

- c. **Include Amendment for hardship provisions of the Budget Act of 2018** (applies only if 75a selected) **(must select 1. or 2.)**. (**Note:** If FIS is on the IRS opinion or advisory letter, must select option 2. below)
1. Sponsor level amendment (signature on file unless a. selected below)
- a. Include signature lines for sponsor (rather than "signature on file")
2. No sponsor-level amendment (Employer must sign)

SMM. Include the following SMM? (leave blank if not applicable)

- d. Include an SMM for **hardship provisions of the Budget Act of 2018** (applies only if 75a selected)

89. Volume Submitter plans only (select one)

- a. Word-for-Word (No changes to Plan or Adoption Agreement).
- b. Modified Plan or Adoption Agreement (a Nature and Effect is required if submitting to the IRS).

90. Basic Supporting Forms

- a. No basic forms
- b. Includes all forms--Basic Plan Document, SPD-8.5 x 11, Tax Notices (402(f)), Administrative Forms with Guide, Resolution and Index (Tax Forms and Notice only included for Volume Submitter Plans with modifications)
- c. Select Individual Forms
 - 1. Basic Plan Document
 - 2. SPD-8.5 x 11
 - 3. Resolution
 - 4. Tax Notices (402(f))
 - 5. Index
 - 6. 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)

91. 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)

To the Plan Administrator - Explanation of Forms

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

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

92. 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

93. 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 98

SUPPORTING FORMS INFORMATION

98. SPD. COLA - update the SPD for the 2021 limits (optional) (Note: The SPD and forms currently reflect the 2020 dollar limitations on benefits and contributions)

- a. Include amounts for the 2021 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. Life Insurance was 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)

101. 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: _____

102. Optional Index Information

- a. Trust TIN _____
- b. Include blank lines to enter amendment information