

ADOPTION AGREEMENT

1. **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, then FIS's name will be 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 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: _____
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 information as part of Adoption Agreement is completed).
- 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)

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
- 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)
- a. The Participation Agreements will be signed electronically (if selected, "signed electronically" will be inserted in the signature lines of the Participation Agreements)
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 e. below to list the modifications. Select f. 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 (e. must also be selected)

Plan Number (required if 1v.)

Enter the Basic Plan Document number and Adoption Agreement number found on your IRS advisory letter

- g. Basic Plan Document Number: # (e.g., 20) _____
- h. 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, Index and Resolution
- c. Select Individual Forms
 - 1. Plan
 - 2. SPD-8.5 x 11
 - 3. Resolution
 - 4. Annual Contribution Notices
 - 5. Annual Investment Notice (QDIA) (applies only for plans with QDIA provisions)
 - 6. Tax Notices (402(f))
 - 7. 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)
 - 8. Index

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 Options (skip if none apply)

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. 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) age 50 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)
 - 2. **Effective Date.** If the Plan is being restated with a retroactive effective date (e.g., January 1, 2010), include the following applicable date in the SPD instead of the restatement effective date: _____ (e.g., January 1, 2018)

106. Annual Notices. Include optional language (applies to all plans regardless of whether plan includes QDIA provisions or 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).

Optional Provisions (if not applicable, skip to 110)

- f. **Include hardship provisions of the Budget Act of 2018.**
(applies only if the Plan permits hardship distributions; answer 107 and 108 as applicable)

107. Hardship Default provisions: Effective for the first PY beginning in 2019; loans and 6-month suspension are not required; and hardship needs include residential 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 QNECs and QMACs available for hardship distributions? (must select **c.** or **d.**)

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

108. Hardships. Skip selections a. – c. below if you accept the default provisions listed at 107 above. Any entry in selections a. – c. 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 43b 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.

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:

- b. Amendment Section 3.3 will NOT apply (and so casualty losses are limited to federally declared disasters, pursuant to Code §165(h)).
- c. 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.

- d. 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).
- e. Special Effective Date for Amendment Section 2.2a: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year).
- f. Special Effective Date for Amendment Section 2.3a: _____ (Enter a special effective date, no sooner than the first day of the 2019 Plan Year).
- g. Special Effective Date for Amendment Section 2.3b: _____ (Enter a special effective date for the expansion of hardship needs/events, no sooner than January 1, 2018).

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

- a. **Include Amendment for hardship provisions of the Budget Act of 2018** (applies only if 106f 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)

- b. Include an SMM for **hardship provisions of the Budget Act of 2018** (applies only if 106f selected)

110. QDIA. (Qualified Default Investment Alternatives)

(applies only for plans that include QDIAs (Administrative Procedures AP2(d) 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)

Year of NRA	Name of Investment
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. **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: _____