

TPAs and other partners:

Use the form located at: www.autorollovers.com/enroll_plans (see below) to enroll Plans onto the AutoRollovers Program.

Enter the following information, below:

- a) the name of your firm and your e-mail address,
- b) the full name of the Plan Fiduciary who will be signing the agreement, along with their e-mail address

Click "Begin Signing"



BPAS Electronic Signer Information

Please enter your name and email to begin the signing process.

Your Role:

Administrator

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:

Plan Fiduciary

Name:

Email:

Begin Signing

You will be able to access and complete your forms after completing the following user authentication process.

After clicking "Begin Signing, you will be taken to the AutoRollovers-Plan Sponsor Agreement.

Here, you will enter the name of Plan in the first field and, at the bottom, the name of your firm and your AutoRollovers Plan Number.



Hand Benefits & Trust Company

6 Rhoads Drive, Suite 7, Utica, NY 13502-6374
Toll Free: 1-866-401-5272 | Direct: 315-292-6900

**Automatic Rollover IRA Agreement
Between Plan Fiduciary and IRA Provider**

Re: Automatic Rollover of Terminated Participants with Vested Account Balances up to \$5,000 (excluding rollovers) and/or Missing Participant Accounts at Plan Termination

By this Agreement, Full Name ("Fiduciary"), as fiduciary of the Plan Name pre-populated by TPA/Record Keeper ("Plan") and **Hand Benefits & Trust Company**, as IRA provider ("Provider"), hereby agree as follows:

- Rollover of plan distribution.** Fiduciary, by direct rollover from the Plan, will distribute to Provider the interest of Participants in the Plan under the automatic rollover provisions of section 401(a)(31)(B) of the Internal Revenue Code or, pursuant to the safe harbor for distributions from terminated individual account plans as provided for by 29 CFR 2550.404a-3.
- Establishment of IRA.** Provider will establish a rollover individual retirement account ("IRA"), as governed by the attached "[Individual Retirement Account Custodial Agreements & Disclosure Statements](#)", to hold such amounts in the name of each Participant.
- Investment of funds.** Provider will invest each rollover IRA in an investment product designed to preserve principal and to provide a reasonable rate of return. The goal of the investment product shall be to maintain, over the term of the investment, the dollar value equal to the amount invested by the rollover IRA.
- Regulated financial institution.** Provider certifies that it is a state or federally regulated financial institution which is a bank or savings association, the deposits of which are insured by the Federal Deposit Insurance Corporation; a credit union, the member accounts of which are insured within the meaning of section 101(7) of the Federal Credit Union Act; an insurance company, the products of which are protected by state guaranty associations; or an investment company registered under the Investment Company Act of 1940.
- Comparable fees and expenses.** All fees and expenses with respect to each IRA (e.g., establishment charges, maintenance fees, investment expenses, termination costs and surrender charges) shall not exceed the fees and expenses Provider charges for comparable IRAs established for reasons other than the receipt of an automatic rollover distribution.
- Enforceability by Participants.** Participants shall have the right to enforce the terms of this Agreement against Provider with regard to the account balance that is the subject of this Agreement.

Dated: Date Signed



Fiduciary

Signature of Hand
Provider

Referring Organization: Name of TPA / Record Keeper AutoRollovers Plan#: 86XXXX

Your Client will receive an e-mail that looks like the following:

From: Hand Benefits & Trust via DocuSign (ira@bpas.com)

Subject: Please review and sign the AutoRollovers Plan Sponsor Agreement

DocuSign



Hand Benefits & Trust sent you a document to review and sign.

REVIEW DOCUMENT

Hand Benefits & Trust
ira@bpas.com

PRIVATE MESSAGE

Please complete and electronically sign the AutoRollovers - Plan Sponsor Agreement.

Please review & sign your document. To begin the process of reviewing and signing your documents, please click the button below. Signing will not be complete until you have reviewed the agreement and you have confirmed your signature.

Upon clicking on “REVIEW DOCUMENT” the client will be presented with the agreement, as seen on the previous page.

The client will be asked to complete the highlighted items and electronically sign the document.

Once signed both you and the client will receive a link to the signed copy of the agreement. In addition, BPAS will have it on file.