



4/20/2018

Established Account Notification

SAMPLE PARTICIPANT
ADDRESS
CITY, ST ZIP

BPAS is pleased to welcome you as an IRA Customer.

Under the provisions of your former employer's retirement plan and allowable federal regulations, your retirement account was subject to a mandatory distribution when your employment ended. Your former employer utilizes the BPAS AutoRollovers service for such distributions. After unsuccessful attempt(s) to reach you, your account has been automatically distributed and rolled over to an Individual Retirement Account (IRA) with BPAS.

To access your new IRA, please complete the following important steps:

1. **Validate Your Account** - Federal regulations require that we verify your identity prior to granting access to your individual Retirement Account. Access to your account will be limited until you have completed the validation process. Validating your account is easy.

- **Online:** You may complete the validation process by visiting www.iraselect.com/validate. Select the "Validate YourAccount" button to start the **electronic signing process**. Follow the directions on the electronic form.

- **Paper:** another option is to complete and return the enclosed IRA Adoption Agreement along with a legible copy of a government issued photo ID. Fax the required documents to 315-292-6483 or mail them to **BPAS: IRA Team, 6 Rhoads Drive, Suite 7, Utica, NY 13502**.

***Don't delay!** Validate your account now to avoid the dormant/unclaimed account search fee (\$18/year).

2. **Account Access** - once the account has been validated, you will receive a confirmation letter or email. This message will contain instructions on how to log into your individual Retirement Account via our website: www.iraselect.com. You will also begin receiving quarterly benefits statements.

Have questions about your new IRA? Customer Service Representatives are available to help at (866) 401-5272 (option 3) Monday - Friday. 8am - 8pm EST.

Sincerely yours,

BPAS

Solving Tomorrow's Benefit Plan Challenges Today

BPAS Family of Services: Plan Administration & Recordkeeping Services | TPA Services | Actuarial & Pension Services | VEBA & HRA/HSA Services
Fiduciary Services | AutoRollovers & MyPlanLoan Services | Healthcare Consulting Services

Hand Benefits & Trust, a BPAS Company | BPAS Trust Company of Puerto Rico

BPAS offices in: Rochester, Syracuse, Utica & New York, NY | Philadelphia & Pittsburgh, PA | Houston, TX | E. Hanover, NJ | San Juan, PR

IRA ADOPTION AGREEMENT

*** A LEGIBLE COPY OF DRIVER'S LICENSE (OR OTHER VALID PHOTO I.D.) MUST ACCOMPANY THIS FORM. ***

PARTICIPANT INFORMATION

First Name: _____ M.I.: _____ Last Name: _____ SSN: _____
 E-mail Address: _____ Birthdate: _____ Plan No: _____
 Street Address: _____ City _____ State: _____ Zip Code: _____
 (Check box if Mailing Address is Different than Street Address)
 Mailing Address: _____ City _____ State: _____ Zip Code: _____
 Daytime Phone #: _____ Evening Phone #: _____

ACCOUNT INFORMATION

Type of Account(s): Traditional / ROTH IRA SEP IRA
 Custodian: **Hand Benefits & Trust Co.**
A BPAS Company
 Notice of Revocation must be delivered or mailed to:
BPAS: IRA Team
6 Rhoads Drive, Suite 7
Utica, NY 13502
(866) 401-5272

BENEFICIARY(IES) DESIGNATION

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated).

Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Street Address: _____	City _____	State: _____ Zip Code: _____
		Relationship: _____	Share: _____%	

Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Street Address: _____	City _____	State: _____ Zip Code: _____
		Relationship: _____	Share: _____%	

Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Street Address: _____	City _____	State: _____ Zip Code: _____
		Relationship: _____	Share: _____%	

Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Street Address: _____	City _____	State: _____ Zip Code: _____
		Relationship: _____	Share: _____%	

CONSENT OF SPOUSE (if required)

I consent to the above Beneficiary Designation.
 Signature of Spouse: _____ Date: _____
 (Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20 _____.

Commission Expires: _____
 (affix seal here)

NOTARY PUBLIC (Type, print or stamp name) _____
 Notary ID # or Bar Roll # _____
 NOTARY PUBLIC (Signature) _____

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the plan document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to the Individual Retirement Account(s) being established. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

Participant Signature: _____ Date: _____ Custodian: _____

