

BPA-HARBRIDGE

# Plan Conversion Guide

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BPA-Harbridge  
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Utica, NY 13502-6374  
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[www.bpah.com](http://www.bpah.com)

Defined Benefit Plans / Daily Valuation Plans / Trustee Services

# Welcome to BPA-Harbridge!

*Your Conversion Specialist is committed to facilitating a smooth conversion onto the BPA Platform.*

To facilitate a smooth transition onto the BPA platform, your plan will be assigned to one of our Conversion Specialists who will be responsible for assuring that the conversion takes place as efficiently as possible. Your plan will also be assigned to one of BPA's Plan Consultants who will be your permanent contact at BPA. Your Consultant, along with your Sales Representative, will review your plan to advise you of design changes that may enhance your retirement program.

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#### CONVERSION SPECIALISTS

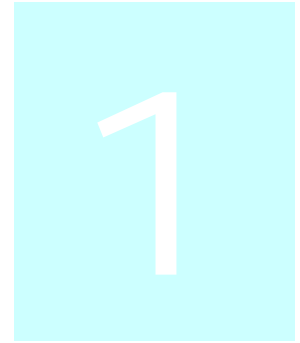
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Once your plan has been assigned to a Conversion Specialist, you will be provided with a timeline advising you of the approximate timing of each of the steps of the process. BPA will need various documents, as well as an electronic conversion file to set up your plan on the BPA platform. For detail of the information required, please refer to Section 4 of this Guide.

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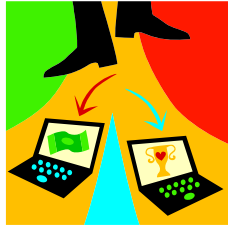
## The Conversion Process

The following provides a brief description of the steps involved in a typical conversion. The timeline provided by your Conversion Specialist will give you the approximate completion date of each step. Providing accurate and complete information to BPA is key to a successful and timely conversion.

- **Plan Highlights.** Your Sales Representative, along with your Consultant, will prepare a summary of Plan Highlights that will provide participants with an overview of the plan provisions. This will be part of the packet provided at the employees' enrollment meeting. You will be asked to review and approve the brochure prior to its distribution.
  - **Service Agreements.** BPA will prepare a Service Agreement and Custodial/Directed Trustee Agreement, which will outline our services and the associated fees. You will be asked to review and sign the agreements and return to BPA.. *We must have your signed Agreement prior to accepting any contribution dollars for your plan.*
  - **Plan Document.** Your Sales Representative and Consultant will review your plan document and advise you regarding changes required or recommended. If BPA has been retained as your document provider, your document will be restated and forwarded to you for review and signature(s).
  - **Mapping vs. New Allocations.** A decision regarding the method of investing the conversion account balances and future contributions must be made (mapping vs. new elections). See Section 2.
  - **Periodic Census Instructions.** You will be provided with the instructions for transmitting periodic payroll data to BPA. See Section 3.
  - **Notification to prior service provider.** BPA will provide a sample of the appropriate notification to be provided to the prior recordkeeper and/or financial institution holding the plan assets. A signature guarantee may be required. BPA should be provided with a copy of all correspondence.
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- **Conference calls.** BPA will schedule conference calls as required (prior recordkeeper, administrator, financial institution, employer, etc) to facilitate the conversion of your plan.
- **Set up.** Once the required data is received (see Section 4), your plan will be set up on the BPA Platform. Your Conversion Specialist will oversee the set up which will also be reviewed by your Consultant.
- **Enrollment Meetings.** Your Sales Representative and/or Investment Advisor will coordinate the scheduling of employee meetings and the preparation of the required materials.
- **Blackout Notice.** A notice must be provided to all interested parties no more than 60 days before and no less than 30 days prior to a “blackout period”. A “blackout period” is defined to be any period of more than three (3) consecutive business days during which the ability of participants or beneficiaries to direct or diversify assets in their accounts or to obtain a loan or distribution is temporarily suspended, limited, or restricted. (*see below*)
- **Contributions Trade.** Once your periodic payroll transmission (census) has been tested and verified, and your signed Service Agreement has been returned, contributions can be traded. BPA should have been provided with enough information to determine eligibility prior to contributions trading. If sufficient information has not yet been provided, BPA will be unable to reject contributions for those that may not yet be eligible to participate.
- **Asset Transfer.** Conversion dollars/shares are received by BPA. The funds are typically initially invested on a “John Doe” pooled or mapped basis until a reconciliation of the individual participant account balances is finalized.
- **Final Valuation from prior recordkeeper.** The prior recordkeeper prepares their final valuation and participant statements and forwards an electronic file containing the balance information for each participant, by source and fund, at the time of asset transfer.
- **Blackout Period.** There should be no plan activity between the time of the final valuation prepared by the prior recordkeeper and the time BPA allocates the funds received to the individual participant accounts. The Black Out Period can be minimized if the old recordkeeper provides a sample conversion file 2-3 weeks prior to the actual conversion date.

- **Reconciliation of Conversion Dollars.** BPA performs an interim valuation reconciling the dollars/shares received for the plan to the account balance information received. Any differences should represent interim earnings and will be allocated to the participant accounts.
- Large numbers of **Participant Loans** can significantly increase the conversion time. Because of software differences, the new amortization schedules generated at BPA may be slightly different than the prior administrator's and may result in more or less interest (*or one more or one less payment*) due than was previously expected. In no instance will the repayment of a non-residential loan extend beyond five (5) years.
- **Conversion Dollars are invested into participant accounts according to new elections or map (see Section 2).**
- **PIN numbers are issued to the participants and sponsor.** Personal Identification Numbers (PINs) are issued to participants and the plan sponsor for access to the BPAWeb and BPA*line*.
- **Statements.** The first participant statements are typically issued from the date of the prior recordkeeper's final statement to the end of the quarter during which the conversion occurred.



## Conversion Methods

### Option 1 New elections

#### **Conversion dollars invested according to new employee elections**

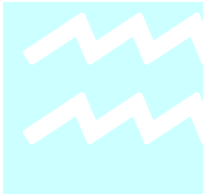
- Prior funds are liquidated and proceeds are sent to BPA.
- Proceeds are temporarily invested on a “pooled” basis in either a money market fund or a selected portfolio.
- BPA is sent an electronic file with a breakdown of balances by participant (by source of money).
- Individual participant balances are uploaded onto BPA’s database, into one conversion fund, by source.
- Each participant must make a new election with regard to the investment of his or her future contributions (which will also apply to their conversion account balance).
- Each participant’s conversion account, adjusted for interim earnings (everyone will receive the same percentage on their total account balance), is invested according to their new contribution allocation percentages. If a participant has not made a new election, their balance will be invested into a default fund/portfolio.

### Option 2 Mapping

#### **Mapping prior investments/allocations**

- Prior funds are liquidated and proceeds are sent to BPA along with a breakdown of the amount liquidated from each fund. Shares may be transferred in kind if the same investment (including share class) is an approved investment of the ongoing plan.
- Funds received by BPA are invested according to a “map”. The “map” indicates the originating fund and the fund that it will be replaced by. Dollars received from the originating fund will be invested into the replacement fund.

- BPA is sent an electronic file with a breakdown of balances by participant (by fund and money source).
- Individual participant balances are uploaded into the BPA database, by fund and money source.
- Fund earnings attributable to the conversion period are allocated to the participants' accounts based on the actual earnings of each individual fund and the participant's account balance in that fund.
- **Future contributions (mapping):** If an electronic file containing the participant's previous contribution allocation percentages, by fund, is provided to BPA, new elections will not be required. The prior allocation percentages will be uploaded into the BPA database according to the "map". Once the conversion is complete, the participants may use BPAWeb or the BPA*line* to realign their account balances and/or change the direction of their future contributions.



## Transmission of Payroll Data

Periodic payroll data must be provided to BPA electronically using its web based census data capture application, *CensusPRO™*.

*CensusPRO™* provides manual data entry and file import capabilities. File types that can be imported include:

- [ASCII file](#), in specified BPA layout
- Comma delimited file (.csv) in virtually any layout, where certain required fields are included. The .csv file columns are mapped to the required *CensusPRO™* fields

It is recommended that BPA be provided with at least one test file prior to the first actual census transmission.

BPA processes contribution data in edit mode to check for data integrity (i.e. ensure that ineligible employees do not receive employer contributions and loan payments are not included for discharged loans). Once the data is validated, a Verification Form associated with the data will be faxed to the Employer to verify that the contribution amounts transmitted are correct and that the contribution totals required will be made available. The Employer should review the fax, sign if the numbers are accurate and the funds are available, and return to BPA by fax.



## Contribution Payments

Contribution payment options are:

- Wire
- [ACH](#)



ABA#:	0213-0538-6
Short Title:	COMMUNITY BK SYR
Address:	DE WITT, NEW YORK 13214
Special Instructions:	ATTN: TRUST DEPT, UTICA
Account #	0012 136 156
Account Name:	Clients of Benefit Plans Administrators
FBO:	BPA Plan Nbr. Name of Plan

## Why certain data is **required** with every census transmission

In order to accurately determine eligibility, vesting, and to perform various compliance tests, certain data is **required** with every census transmission.

Having the data available to us during the plan year allows us to provide you with quarterly nondiscrimination tests, alert you to who will be becoming eligible each quarter, customize the website and VRU so that certain features are available to participants only when they meet the criteria, and to update the participant's vested percentage as soon as they have worked the required hours, if applicable.

In addition to **Name**, **Social Security number** and **contribution amounts** we require the following data:

The employee's **date of birth** is necessary for many reasons such as:

### Date of Birth

- Determining **eligibility** for plan participation. Many plans require the employee to reach a particular age in order to be eligible for certain contributions. Even if the plan does not have an age requirement, some compliance tests allow for different treatment for those under the age of 21.
- Determining the date the participant will be required to start taking **distributions** from the plan. Some participants are required to start taking distributions upon attainment of age 70 ½ even if still working.
- Determining the date the participant reaches the plan's **retirement age**. Full vesting is required once the participant has reached the plan's retirement age. The participant may be eligible for certain withdrawals upon reaching retirement age.

The employee's **date of hire** is necessary for many reasons such as:

### Date of Hire

- Determining **eligibility** for plan participation. Many plans maintain a service requirement for certain contributions. Even if the plan does not have a service requirement, some compliance tests allow for different treatment for those who have not completed a year of service.
- Determining the date the participant reaches the plan's **retirement age**. Many plans have a service requirement associated with the plan's retirement age.
- Determining the participant's **vested percentage** which is usually associated with years of service.

The employee's **date of termination** is necessary for many reasons such as:

**Date of Termination**

- Certain plan features, such as **loan issuance**, are only available if a participant is still employed.
- A participant will not be allowed to request a termination **withdrawal** unless we have been supplied with a date of termination. Supplying the date of termination with the census data allows for automation of the process.

BPA requires that the employee's **calendar year to date hours** be reported with every census. This information is necessary for the following:

**Year to Date Hours**

- Determining **eligibility** for plan participation. Many plans maintain a service requirement for certain contributions. An employee may be required to work a certain minimum number of hours to be given credit for a year of service.
- Determining a participant's **vested percentage**, which is usually associated with years of service and possibly a required number of hours.

The employee's **calendar year to date salary** must be reported with every census transmission. Among the reasons this information is required are:

**Year to Date Salary**

- **Periodic Nondiscrimination Testing:** Salary is necessary to calculate deferral percentages.
- **Other compliance issues:** Contributions should not exceed a certain percentage of compensation. We have the ability to test with every contribution processed.
- Calculation of discretionary or required **employer contributions**.

BPA requires that hours and salary be provided on a "**Year to Date**" basis. Periodic hours and salary are not accepted on a census transmission. Based upon past experience we find that the accumulation of periodic payroll leaves a lot of room for error. Occasionally payroll companies make retroactive adjustments, or checks are voided and that sort of information doesn't always make it to the plan administrator.

## CENSUS DATA SPECIFICATIONS

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Payroll Service: \_\_\_\_\_ Location: \_\_\_\_\_  
Payroll Contact (Information Provider): \_\_\_\_\_ Phone: \_\_\_\_\_

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**Electronic Transmission data layout is explained in the attached.**

## CENSUS FILE SPECIFICATIONS (ASCII)

- We can accept this layout in these five different formats.
  1. Column defined with decimal point
  2. Column defined without decimal
  3. Comma delimited with decimal point
  4. Comma delimited without decimal point
  5. Excel
- The decimal must be explicit and counts as a field position. If not using decimal points the field must be anchored to the low order (penny) position. This is to assure correct alignment.
- Alpha Numeric fields must be left justified and space filled. Numeric fields should be right justified. Numeric negative fields should include a leading negative [Ex: negative \$10.00 = -10.00]. All Alpha Numeric blank fields must be space filled. All Numeric blank fields must be zero filled.
- Terminated employees should only be included if they terminated during the current plan year.
- **Make sure that the compensation reported is as defined in the Plan Document.**
- **All fields must be accounted for in the layout even if the field is not required by your plan. If a field is not required, leave the space blank, do not skip.**

### **PLEASE REPORT ALL EMPLOYEES EVEN IF NOT CURRENTLY PARTICIPATING**

If using a payroll service, the Employer must be sure to report termination dates and eligibility information to the payroll service each valuation period.

**IF FURTHER HELP IS REQUIRED PLEASE CONTACT:**

**BPA-HARBIDGE CENSUS DEPARTMENT**  
**census@bpah.com**  
**315-292-6900**

**CLIENT SPECIFIC INFORMATION:**

Report Period is: Annual  Calendar Quarter  Payroll Period  Monthly   
 Other (specify): \_\_\_\_\_

Field No.	Field Description	Client Specific Comments Formulas and Constants
1	Social Security Number	Required <input checked="" type="checkbox"/>
2	Employee Name and Initial	Required <input checked="" type="checkbox"/>
3	Employee Last Name	Required <input checked="" type="checkbox"/>
4	Date of Birth	Required <input checked="" type="checkbox"/>
5	Date of Hire	Required <input checked="" type="checkbox"/>
6	Date of Termination	Required <input checked="" type="checkbox"/>
7	YTD Hours (Salary & Hrly Employees)	Required <input checked="" type="checkbox"/> (Must be Year to Date)
9	Compensation for Year to Date (Per Plan Documentation)	Required <input checked="" type="checkbox"/> (Must be Year to Date)
10	Plan Number is a constant enter as	Required <input checked="" type="checkbox"/> _____
11	Plan Suffix (See Census File Codes)	Required <input type="checkbox"/> Code: _____ For: _____ Code: _____ For: _____ Code: _____ For: _____
12	Employee Contrib Percentage	Required <input type="checkbox"/>
13	Contribution Source	Code: _____ Description: _____
15	Contribution Source	Code: _____ Description: _____
17	Contribution Source	Code: _____ Description: _____
19	Contribution Source	Code: _____ Description: _____
21	Contribution Source	Code: _____ Description: _____
23	Contribution Source	Code: _____ Description: _____
25	Contribution Source	Code: _____ Description: _____
27	Contribution Source	Code: _____ Description: _____
29	Division Code	Has divisions?: Yes <input type="checkbox"/> No <input type="checkbox"/>

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30-36 Address	Required <u>X</u>
37-54 Loans	Loan number is the number specifically assigned to the loan for which the payment follows in the next field.
49 Section 125 Medical Flex	Required ___
56 Entry Date	Required ___
57 Pay Date	Required <u>X</u>
58 Excludable Employee	Required ___
59 Termination Code	Required ___
60 Officer Code	Required ___
61 Percentage of Ownership	Required ___

**CENSUS FILE CODES:**

**Code used with Field 11**

The plan suffix is used when a client sends separate files for different employee groups. Each group will have a code assigned as indicated on previous page (or attachment). For example, an “H” might designate the file send for hourly employees and an “S” might designate a file sent for salaried employees.

This code may also be utilized when multiple employers are reported on one file. Each employer will have a code assigned.

**Code used with Field 29**

*4 Bytes for Divisional Reporting to Employer.* Used by Employer to indicate different employee groups, Payroll groups, and/or different Company sites.

**Code used with Field 58**

9 – If employee is an “Excludable Employee” by terms of the Plan.  
Example: for a Union plan non-union employees are excludable.

**Code used with Field 59**

Termination Code  
0 Voluntary  
1 With Cause  
2 Laid Off  
3 Special  
4 Retirement  
5 Permanently Disabled.  
6 Death

**Code used with Field 60**

*Officer* – An officer with compensation greater than \$130,000 (An officer is an employee with the authority of an administrative executive. Thus, if an employee has an officer’s title, but does not have the authority, he is not considered an officer. Similarly, an employee who has the authority, but not the title is considered an officer.) *These officers are Key Employees.*

**CENSUS FILE DEFINITION with Data Examples:**

Field Position	Field Description	Field Illustration	Field Length	Field Number	Excel Column
[1 thru 9]	Social Security Number	"123456789"	9	1	A
[10 thru 29]	Employee First Name and Initial	"Jean H. "	20	2	B
[30 thru 49]	Employee Last Name	"Green "	20	3	C
[50 thru 57]	Date of Birth	"01011987"	8	4	D
[58 thru 65]	Date of Employment	"03151980"	8	5	E
[66 thru 73]	Date of Termination	" "	8	6	F
[74 thru 79]	YTD Hours	" 288.5"	6	7	G
[80 thru 80]	Sex Code	"M" [M or F]	1	8	H
[81 thru 89]	Salary for Year to Date	" 10000.25"	9	9	I
[90 thru 95]	Plan Number	"123456"	6	10	J
[96 thru 96]	Plan Suffix	"Z"	1	11	K
[97 thru 102]	Employee Contribution Percent	"999.99"	6	12	L
[103 thru 103]	Contribution Source	"C"	1	13	M
[104 thru 111]	Contribution relating to FLD 13	"1239.50"	8	14	N
[112 thru 112]	Contribution Source	"G"	1	15	O
[113 thru 120]	Contribution relating to FLD 15	" -10.25"	8	16	P
[121 thru 121]	Contribution Source	" "	1	17	Q
[122 thru 129]	Contribution relating to FLD 17	" "	8	18	R
[130 thru 130]	Contribution Source	" "	1	19	S
[131 thru 138]	Contribution relating to FLD 19	" "	8	20	T
[139 thru 139]	Contribution Source	" "	1	21	U
[140 thru 147]	Contribution relating to FLD 21	" "	8	22	V
[148 thru 148]	Contribution Source	" "	1	23	W
[149 thru 156]	Contribution relating to FLD 23	" "	8	24	X
[157 thru 157]	Contribution Source	" "	1	25	Y
[158 thru 165]	Contribution relating to FLD 25	" "	8	26	Z
[166 thru 166]	Contribution Source	" "	1	27	AA
[167 thru 174]	Contribution relating to FLD 27	" "	8	28	AB
[175 thru 178]	Division Code [See Codes]	" "	4	29	AC
[179 thru 208]	Employee Address Line 1	"134 New Rd "	30	30	AD
[209 thru 238]	Address Line 2	" "	30	31	AE
[239 thru 258]	City	"Utica "	20	32	AF
[259 thru 260]	State	"NY"	2	33	AG
[261 thru 262]	Country Code	"11"	2	34	AH
[263 thru 267]	Zip (first 5 Numbers)	"13501"	5	35	AI
[268 thru 271]	ZIP (Next 4 Numbers if available)	"0408"	4	36	AJ

**CENSUS FILE DEFINITION with Data Examples:**

Field Position	Field Description	Field Illustration	Field Length	Field Number	Excel Column
[272 thru 272]	Loan Number	"1 "	1	37	AK
[273 thru 279]	Loan Payment	"1234.67"	7	38	AL
[280 thru 280]	Loan Number	" "	1	39	AM
[281 thru 287]	Loan Payment	" "	7	40	AN
[288 thru 288]	Loan Number	" "	1	41	AO
[289 thru 295]	Loan Payment	" "	7	42	AP
[296 thru 296]	Loan Number	" "	1	43	AQ
[297 thru 303]	Loan Payment	" "	7	44	AR
[304 thru 304]	Loan Number	" "	1	45	AS
[305 thru 311]	Loan Payment	" "	7	46	AT
[312 thru 312]	Loan Number	" "	1	47	AU
[313 thru 319]	Loan Payment	" "	7	48	AV
[320 thru 320]	Loan Number	" "	1	49	AW
[321 thru 327]	Loan Payment	" "	7	50	AX
[328 thru 328]	Loan Number	" "	1	51	AY
[329 thru 335]	Loan Payment	" "	7	52	AZ
[336 thru 336]	Loan Number	" "	1	53	BA
[337 thru 343]	Loan Payment	" "	7	54	BB
[344 thru 350]	Medical Flex Plan	" 250.00"	7	55	BC
[351 thru 358]	Entry Date	"01012000"	8	56	BD
[359 thru 366]	Pay Date	"11242000"	8	57	BE
[367 thru 367]	Excludible Code	" "	1	58	BF
[368 thru 368]	Termination Code	" "	1	59	BG
[369 thru 369]	Officer Code	" "	1	60	BH
[370 thru 372]	Percentage of Ownership	"005"	3	61	BI
[373 thru 500]	Filler [spaces]		128	62	BJ



**BPA-Harbridge**  
6 Rhoads Drive □ Suite 7 □ Utica, New York 13502-6374  
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[www.bpah.com](http://www.bpah.com)

We are pleased to inform you that we have the ability to withdraw your required contributions through ACH Debit. This feature will save you bank wiring fees, or for check writers, will increase the speed with which money is invested in your retirement plan(s). More specific information regarding the BPA ACH Debit Program is listed below:

***What is ACH Debit?***

An ACH Debit allows BPA to automatically collect the total contribution amount as required for your plan from a corporate banking account of your choosing.

***How do I take advantage of this new feature?***

To take advantage of the ACH Debit program, simply complete the enclosed Authorization Agreement with your bank and account information, sign and return to BPA to the attention of Trust-Utica.

***How much will I be charged for ACH Debit?***

There is no charge to use the program. You will actually be saving money since there are no associated wire or debiting fees.

***Will I still receive a Verification Fax?***

You will still receive a Verification Fax. The important difference is that instead of certifying that you have mailed or wired the funds necessary to cover the contribution total, you are certifying that the necessary funds are available in the account to be debited.

Your signed pre-authorization agreement should be mailed to the attention of the Trust Department at BPA. Please call your account representative if you have any questions regarding the ACH Debit Program.

**PRE-AUTHORIZED PAYMENT  
AUTHORIZATION AGREEMENT**

NAME: \_\_\_\_\_

TAX ID: \_\_\_\_\_

I (we) hereby authorize BENEFIT PLANS ADMINISTRATORS, hereinafter referred to as **COMPANY**, to initiate debit entries to my (our) Checking and/or Savings account indicated below at the depository financial institution named below, hereinafter referred to as **DEPOSITORY**, and to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TRANSIT / ABA NBR: \_\_\_\_\_

ACCOUNT NBR: \_\_\_\_\_

ACCOUNT TYPE:     CHECKING                       SAVINGS

~ ~ ~ ~ ~

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return this completed form to:

**Benefit Plans Administrators  
Attn: Trust Department  
6 Rhoads Drive  
Utica, NY 13502**



## Administrative Forms / Letters

*The following forms and will be utilized during the conversion process*

- [Employer/Plan Profile](#)
- [Plan Document Request](#)
- [Electronic Conversion Data Request](#)
- [Approval of Conversion Method](#)
- [Blackout Notice](#)
- [Fax Verification](#) (payroll and contribution data)
- [Contribution Transmittal Form](#)
- [Prior administrator notification](#)
- [Asset transfer letter](#)
- [Share transfer letter](#)

EMPLOYER / PLAN PROFILE

EMPLOYER (PLAN SPONSOR) INFORMATION

NAME		PRIMARY CONTACT	E-MAIL ADDRESS
ADDRESS		PHONE	FAX
CITY, STATE ZIP		EMPLOYER ID NBR (EIN)	TAX YEAR END
ENTITY TYPE <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership			NATURE OF BUSINESS
PROFILE OF OWNERS (Include all employees related to principals)		ADDITIONAL ENTITY INFORMATION	
Name of Principal	% Owner	Relationship	Do the principals own, control, manage other businesses? <input type="checkbox"/>
			Is the business affiliated with any other businesses? <input type="checkbox"/>
			Is the business an owner or division of another business? <input type="checkbox"/>
			Does the business use any leased employees? <input type="checkbox"/>
			Does the business maintain any other pension plans? <input type="checkbox"/>

PLAN INFORMATION

PLAN NAME (Start Up Plans)			TRUST ID NBR (TIN)
PLAN STATUS <input type="checkbox"/> Start Up <input type="checkbox"/> Existing	BPA START UP DATE	PLAN YEAR END (MM/DD)	PL YR BPA TO FILE 5500
CENSUS DATA <input type="checkbox"/> iQuikpay <input type="checkbox"/> ASCII	PAYROLL PROVIDER	PAYROLL FREQUENCY	CONTRIBUTION FREQUENCY
PLAN TYPE <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> ERISA <input type="checkbox"/> non-ERISA		(401(k), 403(b), 457, ect)	BLACKOUT PERIOD
TRUSTEE NAME(S)	CBNA CAPACITY <input type="checkbox"/> DT <input type="checkbox"/> Custodian	RECORD KEEPING FEE PAYMENT <input type="checkbox"/> Invoice Sponsor <input type="checkbox"/> Charge Assets <input type="checkbox"/> Invoice Distributor	
PLAN DOCUMENT PREPARER <input type="checkbox"/> BPA <input type="checkbox"/> Other _____	PLAN EFFECTIVE DATE	MAIL QUARTERLY BENEFIT STATEMENTS TO <input type="checkbox"/> Participants <input type="checkbox"/> Sponsor <input type="checkbox"/> Distributor	

ADDITIONAL PLAN SPECIFICATIONS (BPA or Distributor Use)

CONTRIBUTION MONEY SOURCES AND ELIGIBILITY (Check all that apply)							
	Age	Yrs of Svc	Immediate		Age	Yrs of Svc	Immediate
<input type="checkbox"/> 1 - Employer ACP Match	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> G - Employee Post Tax	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> C - Employer ADP Match	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> D - Employer Profit Sharing	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> A - Employee Pre-Tax	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> P - Employer QNEC	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> R - Employee Rollover	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> W - Prevailing Pension	_____	_____	<input type="checkbox"/>
SAFE HARBOR <input type="checkbox"/> QNEC <input type="checkbox"/> QMAC <input type="checkbox"/> BPA Notice	EMPLOYEE CONTRIBUTIONS		EMPLOYER CONTRIBUTIONS		ENTRY DATE		
Percentage: (5% if blank) _____ %	Maximum Pre-Tax _____	Maximum Post Tax _____	Employer Match % _____	Add Discretionary % _____			
LOAN OPTIONS <input type="checkbox"/> (Check here if Loans Not Allowed)							
<input type="checkbox"/> Hardship Only	<input type="checkbox"/> Residential Only	<input type="checkbox"/> Reserve Plus (Start up)	Minimum Loan _____				
<input type="checkbox"/> General Purpose	<input type="checkbox"/> Other _____	<input type="checkbox"/> Reserve Plus (Post Conversion)	Maximum Loan _____				
HARDSHIP WITHDRAWALS <input type="checkbox"/> General <input type="checkbox"/> Safe Harbor <input type="checkbox"/> N/A	DISTRIBUTION TIMING		DISTRIBUTION FEES		LOAN FEES		
VESTING SCHEDULE 1	VESTING SCHEDULE 2		VESTING HOURS <input type="checkbox"/> 1,000 <input type="checkbox"/> _____ <input type="checkbox"/> Elapsed Time				
ONLINE ENROLLMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	FORM OF BENEFIT (Lump Sum or Annuity)		NORMAL RETIREMENT Age _____ Yrs of Svc _____				



**Plan Document Request (existing plans)**

Plan Name
-----------

Please complete and enclose this form, or a copy of this form, when forwarding information to BPA

- Enter a check mark in the box next to items included in the Package.
- Enter "n/a" if an item is not applicable

	<b><u>Required as soon as possible</u></b>	<b><u>Comments</u></b>
A	<input type="checkbox"/> Plan and Trust Document, including Amendments	_____
B	<input type="checkbox"/> Latest IRS Determination Letter	_____
C	<input type="checkbox"/> Summary Plan Description	_____
D	<input type="checkbox"/> Last three 5500 Filings	_____
E	<input type="checkbox"/> Latest Valuation Report, including	_____
F	<input type="checkbox"/> -latest ADP test	_____
G	<input type="checkbox"/> -latest Top Heavy Test	_____
H	<input type="checkbox"/> -summary of account balances	_____
I	<input type="checkbox"/> -listing of plan assets	_____
J	<input type="checkbox"/> -participant salaries (HCE determination)	_____
K	<input type="checkbox"/> -participant hours (eligibility determination)	_____
L	<input type="checkbox"/> -loan balances	_____
M	<input type="checkbox"/> Loan Policy	_____
N	<input type="checkbox"/> Participant loan promissory notes and amort schedules	_____
O	<input type="checkbox"/> Face Page and Cash Value page for insurance policies	_____
P	<input type="checkbox"/> Qualified Domestic Relations Orders	_____
Q	<input type="checkbox"/> Distribution forms for periodic (re-occurring) distributions	_____
R	<input type="checkbox"/> Trust Identification Number	_____
S	<input type="checkbox"/> Prior ADP TEST	_____
T	<input type="checkbox"/> Listing of distributions for current and prior plan year	_____
U	<input type="checkbox"/> Listing of participants making >90000 in prior yr and their salary	_____
V	<input type="checkbox"/>	_____
W	<input type="checkbox"/>	_____

	<b><u>Required once final valuation is completed</u></b>	
X	<input type="checkbox"/> Copies of Investment Stmts from last yr end to liquidation/transfer	_____
Y	<input type="checkbox"/> Detail of transactions occurring since end of last plan year	_____
Y	<input type="checkbox"/>	_____



**Approval of Conversion Method**

PLAN NAME (If more than one plan, check here <input type="checkbox"/> and attach listing)

**Option 1**

- Prior funds will be liquidated and conversion dollars will be invested according to the participant's **new contribution allocation elections**.

During the interim period between the time BPA receives funds and the funds are invested according to new participant allocation elections, the proceeds will be "pooled" and invested as follows:

Fund	Ticker	Percentage

**Option 2**

- Conversion dollars will be invested according to the following **Map**:

- Allocation of Future contributions according to prior elections and Map  
 Future contributions will be invested according to new elections

Current Fund	Ticker	Replacement Fund	Ticker

<b>PLAN NAME (If more than one plan, check here [ ] and attach listing)</b>

<b>Broker/Dealer Name</b>	<b>Branch Number</b>

**Notes:**



Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

BPA Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sales)

BPA Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Account Representative)

## ***Important Notice Concerning Your Rights Under the***

Plan Name  
Date

We are pleased to announce that we are in the process of transferring the administration of the <<<<Plan Name>>>> to Benefit Plans Administrators (**BPA**).

As a result of these changes, you temporarily will be unable to direct or diversify investments in your individual accounts, obtain a loan from the plan, or obtain a distribution from the plan. This period, during which you will be unable to exercise these rights otherwise available under the plan, is called a "blackout period." Whether or not you are planning retirement in the near future, we encourage you to carefully consider how this blackout period may affect your retirement planning, as well as your overall financial plan.

The blackout period for the plan is expected to begin on 00/00/00 and end 00/00/00.

For your long-term retirement security, you should give careful consideration to the importance of a well-balanced and diversified investment portfolio, taking into account all your assets, income and investments.

Once the conversion is complete, you will be issued a PIN (Personal Identification Number) which will give you access to **BPAweb** ([www.bpas.com](http://www.bpas.com)) and the **BPAline** ((800)530-1BPA, (315)735-5670)). Use of these services will give you access to account balance information, investment change requests, loan modeling, withdrawal forms, fund information, and many other valuable tools. You will also be provided with quarterly paper statements.

If you have any questions concerning this notice, you should contact your Human Resources Representative at Name of Company, Address and Phone Number.

# FAX TRANSMISSION

**BPA-HARBRIDGE**  
 6 Rhoads Drive – Suite 7  
 Utica, New York 13502-6374  
 (315) 292-6900  
 Fax: (315) 735-0418

**To: Employer**  
**From: BPA Representative**  
**Period: WEEK 24 P/D-6/14/02**  
**Plan Name:**

**Date:**  
**Fax #:**  
**Pages: 1, including this cover sheet**

**CONFIDENTIALITY NOTICE:** This Facsimile Transmission, and/or documents accompanying it, may contain Confidential Information belonging to the Sender. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone to arrange for return of the documents.

**Please verify all current period information below** by signing at the bottom of this form and return it to us via Fax Transmission as soon as possible. The trades required with the current period contributions cannot be completed until this information is verified.

**If any discrepancies are noted**, contact your payroll service to determine any corrections that are required. Fax the corrections to our office, identifying each Employee’s individual Pre-tax, Post-tax, Match and Loan amounts. If you prefer to have your payroll service send the corrected data, please advise our office. A corrected Verification Fax will then be sent to you.

	<b>Current Period</b>
Pre-Tax	\$77,697.22
Post-Tax	\$722.52
Match	\$25,223.46
Loans	\$14,518.72
Rollover	
<b>Totals</b>	\$118,161.92

**CLIENT VERIFICATION AND AUTHORIZATION:**

I have reviewed the Current Period information listed above and verify that all figures contained in this facsimile are correct. **I certify that the funds necessary to cover the trade have been wired/deposited to CBSI.** I authorize Benefit Plans Administrators to make the necessary trades on behalf of our Plan. I understand that faxes received by BPA after 3:30 p.m. will be handled as a next day trade.

\_\_\_\_\_ Plan Representative

**CONTRIBUTION TRANSMITTAL FORM**

**PLAN NAME:** \_\_\_\_\_

**OMNIBUS TRADE ACCOUNT**

**PLAN YEAR ENDING:** \_\_\_\_\_

**EMPLOYER PROFIT SHARING CONTRIBUTION:** \_\_\_\_\_

**PAY PERIOD ENDING:** \_\_\_\_\_

**401(k) EMPLOYEE PRE-TAX CONTRIBUTION:** \_\_\_\_\_

**401(k) EMPLOYEE POST-TAX CONTRIBUTION:** \_\_\_\_\_

**EMPLOYER MATCHING CONTRIBUTION:** \_\_\_\_\_

**LOAN PAYMENTS \*:** \_\_\_\_\_

**ROLLOVER CONTRIBUTIONS\*\*:** \_\_\_\_\_

**TOTAL CHECK:** \_\_\_\_\_

\*Please attach list of name(s) and amount of payment for those submitting a complete payoff  
 \*\*Please attach list of name(s) and amount of rollover(s)

**PREPARED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE MAKE CHECK PAYABLE TO PLAN NAME AS REFERENCED ABOVE**

**Please remit transmittal form and check to:**  
 BENEFIT PLANS ADMINISTRATORS  
 ATTENTION: TRUST DEPT.  
 6 Rhoads Drive  
 Utica, NY 13502  
 Fax: (315) 735-0418

<b>For Trust Dept Use Only</b>	
Date Received:	_____
Date Posted:	_____
Processed by:	_____

**BPA ACCT #** \_\_\_\_\_

# SAMPLE NOTIFICATION TO PRIOR RECORDKEEPER

Date:

Name

Address

Address line 2

**RE: Plan Name**  
**Account #:**

Dear \_\_\_\_\_:

We are transferring our retirement plan services effective \_\_\_\_\_. Thank you very much for your services and your assistance with our transition. We would like your firm to complete our participant statements and our plan administration through the time plan assets are transferred over to our new provider. BPA-Harbridge (BPA-H) is the new record keeper for our plan, and Community Bank NA will become the Successor Custodian of Plan Assets. .

Please provide BPA-H with an electronic file providing detailed participant account and fund information, per the attached specifications, reflecting the liquidation/transfer balances, as well as any other records that may be requested and related to our account.

The data file should be e-mailed to Vicky A. Freeman at BPA; [vfreeman@bpah.com](mailto:vfreeman@bpah.com). Please e-mail a test file to Vicky as soon as possible and the final data files within 36 hours of the transfer.

Hardcopy reports of the transfer balances should be forwarded to:

**Vicky A. Freeman**  
**BPA-Harbridge**  
**6 Rhoads Drive**  
**Suite 7**  
**Utica, NY 13502-6374**

Please ensure that all transaction processing such as contributions, distributions, transfers, loans, etc. are completed prior to the valuation and included in the final reports.

Please confirm receipt of this letter and advise us as to when the final valuation reports will be delivered to BPA. If you need additional information please contact Vicky Freeman at (315) 292-6949.

Thank you in advance for your immediate attention and cooperation in this matter.

Sincerely,

Plan Sponsor

cc: BPA-Harbridge, \_\_\_\_\_

## SAMPLE ASSET XFER LETTER

Date:

Name

Address Line 1

Address line 2

**RE: Plan Name**  
**Account #:**

To whom it may concern:

This letter is to advise you that it has been decided to change the investment platform of our plan. Therefore, as Trustee(s) of the Plan, I(we) am(are) exercising my(our) right to request that all assets held in this plan be liquidated and then transferred to Community Bank, N.A. (CBNA) on \_\_\_\_\_. This is a Plan to Plan Transfer.

Please wire transfer the funds to Community Bank, N.A. immediately as follows:

ABA#:	0213-0538-6
Short Title:	COMMUNITY BK SYR
Address:	DE WITT, NEW YORK 13214
Special Instructions:	ATTN: TRUST DEPT, UTICA
Account #	0012 136 156
Account Name:	Clients of Benefit Plans Administrators
FBO:	Plan Name

Please be advised that Benefit Plans Administrators (BPA), 6 Rhoads Drive, Suite 7 Utica, NY 13502-6374 will be the new Administrator of the plan effective \_\_\_\_\_. Please provide BPA with a final valuation as well as any other records that may be requested related to our account. If there are any questions related to this request please contact Vicky A Freeman at 315-292-6949.

Thank you in advance for your immediate attention and cooperation in this matter.

Sincerely,

Trustee

cc: Benefit Plans Administrators

# SAMPLE SHARE XFER LETTER

Date

ADDRESS

**RE: <<Plan Name>>**

Dear \_\_\_\_\_:

As Trustee of the above referenced Plan, I am exercising my right to request that shares held in following funds for this plan be transferred to Community Bank, N.A. as Custodian FBO \_\_\_\_\_ ( *Fund Family* Account Numbers )

Fund Name \_\_\_\_\_

List of funds to be transferred

If there are any questions related to this request please contact me or Mrs. Vicky Freeman, at the offices of the Plan Administrator at (315)-292-6949. Also, please contact Mrs. Freeman on the day the transfers are completed and provide the number of shares and dollars transferred into each fund.

Sincerely,

Trustee

cc: BPA-Harbridge



## Sponsor Web and VRU

- [Sponsor Web Guide](#) \*
- [VRU Brochure](#) \*
- [Sample PIN Letter](#)

\* Please visit the “Try Us” Tab at [www.bpah.com](http://www.bpah.com) for the most recent version of these documents which are continually updated to reflect system enhancements.



## Sponsor Web Guide

When your plan is converted onto the **BPA** platform, you will be issued a Sponsor ID and Password.

**Try Us!** **Join Us!**

**Administrative Services**  
 employee benefits company  
 es BPA, a retirement plan  
 on firm located in Utica, N.Y.,  
 ige Consulting Group, an  
 d consulting firm based in  
 Y.  
 we help plan sponsors develop  
 asive strategy towards  
 mpensation, Retirement, and



The Sponsor Login at [www.bpas.com](http://www.bpas.com) can be found on the right-hand side of the home page.

Through Sponsor Web you will be able to obtain information at both the participant and plan level.

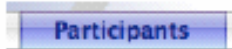
<b>Log Off</b>	<b>Plan Information</b>	Participants	Education	Documents	Mail	Enrollment
Administration	Action Items	Utilization	BPA News	Asset Reports	Annual Reports	

There are two rows of navigation buttons. The first row is similar to the buttons shown to participants on **BPA**web. The second row is only available through Sponsor Web.

### *First Row of Buttons:*



Basic plan information such as plan name, address, contact and loan information can be found here.



To obtain information regarding a specific participant, click on this button.

Select the participant by either clicking on the Social Security Number in the list, or entering the Social Security Number in the box provided and clicking on **Go**, then clicking on the Social Security Number.

**Participant Inquiry** ▶▶ [Participant Browse](#)

Enter SSN:   Start With Participant Number:

[Select](#)  
[Search](#)

Number	Name	Status	Location
<a href="#">000-01-5015</a>	Participant, Peter	03 Ineligible	98Q
<a href="#">150-00-1111</a>	Participant, Second Test	00 Active and Eligible	98Q
<a href="#">150-00-2222</a>	Participant, Third Test	00 Active and Eligible	98Q
<a href="#">900-01-5015</a>	Dreamscape, Testing By	04 ELIGIBLE NOT PARTICIPATING	98Q

**No More Participants**

Once the participant has been selected, you will be able to view balance information, statements, information regarding benefits in other pension plans, and transaction history by using the navigation strip on the left.

**Education**

Clicking on this button gives you access to the same educational tools that the participant has available on **BPA** Participant Web. Here we provide information regarding law changes and links to various planning tools.

**Documents**

Plan documents such as the Summary Plan Description and a mapping guide for the Voice Response Unit (**BPAline**) may be found here.

**Mail**

This button is used for participant mail. By clicking on this button you are able to view the same mail that the selected participant receives on **BPA** Participant Web. Special notices, copies of the participant's latest confirmation letters and newsletters may be posted here, as well as quarterly statement information.

**Enrollment**

Clicking on this button allows you to obtain the forms and submit transactions necessary for enrollment into the plan.

***Second Row of Buttons:***

**Administration**

Clicking on this button and then using the left navigation strip gives you access to the Administration Manual and various generic administrative forms.

**Action Items**

Reports requiring some sort of action by the Sponsor are posted here. These reports include listings of participants who have or will be becoming eligible for participation. Other reports included are a listing of those considered Highly Compensated Employees which should be reviewed for completeness and accuracy, and a report of those participants who have submitted requests for a change in their contribution rate, if this option is available for your plan.

**Utilization**

This section will provide you with many useful management reports such as: the average deferral rate by age, income, and service; average account balance; number of participants invested in a particular fund; etc.

**BPA News**

New retirement-related developments and news will be posted under this button.

**Asset Reports**

Plan-level asset reports are found here. After selecting this button, use the left nav strip to choose a report such as quarterly statement, interim statement, a statement of current balances and transaction history.

**Annual Reports**

Prior plan-year annual reports are posted here. These reports include annual summaries of participant account balances, transaction detail, distributions, loans, forfeitures, and compliance testing. The Summary Plan Description and Form 5500 (and other government forms) are also available under this button.

## Frequently Asked Questions

### 1. *Where can I find the value of all investments in the plan?*



- On the left nav strip choose [Balances](#).

### 2. *How can I find the account balance of a particular participant?*



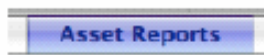
- Click on the participant's Social Security Number.
- On left nav strip choose [Balances](#) under **Financial Information**.
- You can change the date in the "As Of Date" box to obtain the balance as of a specific date.

### 3. *How can I request distribution paperwork for a participant?*



- Click on the participant's Social Security Number.
- On left nav strip choose [Distribution Paperwork](#) under **Distributions**.
- The body of the screen provides information regarding the amount available to the participant.
- Click on **continue** and then [Termination Paperwork](#) to submit the request.
- The required forms will be sent to the participant's home address.

### 4. *How can I see a listing of the most recent contributions made to the plan.*



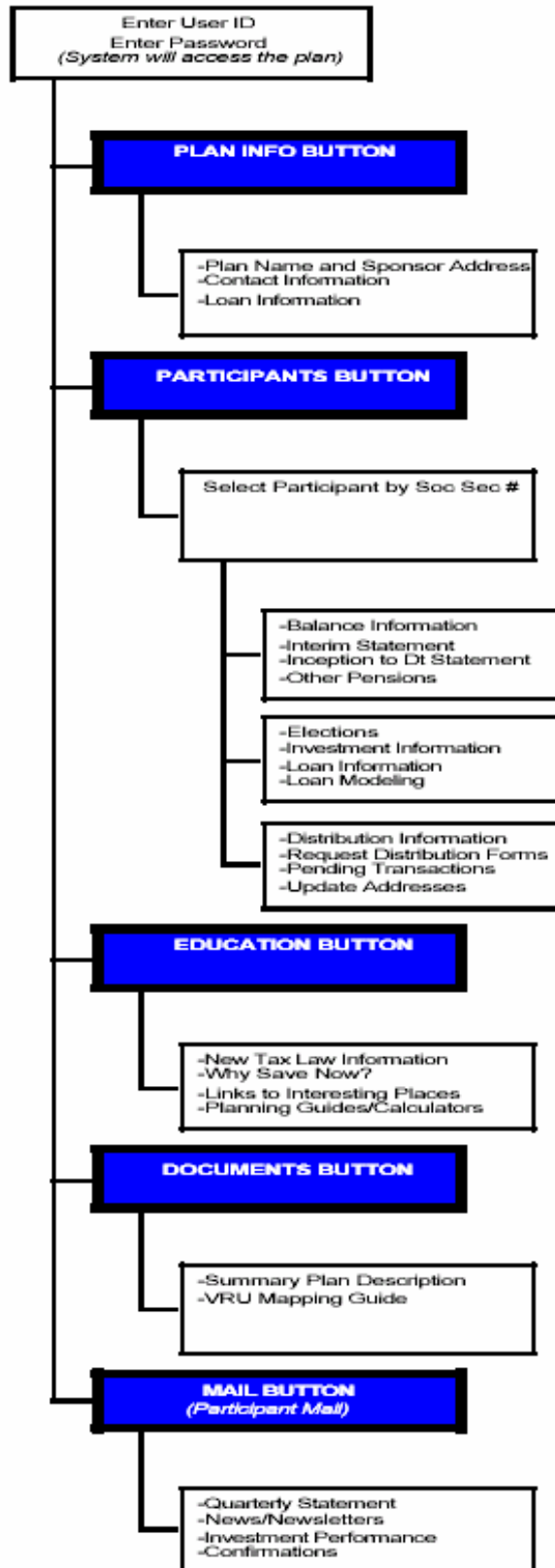
- On the left nav strip click on [Contribution Posting History](#).

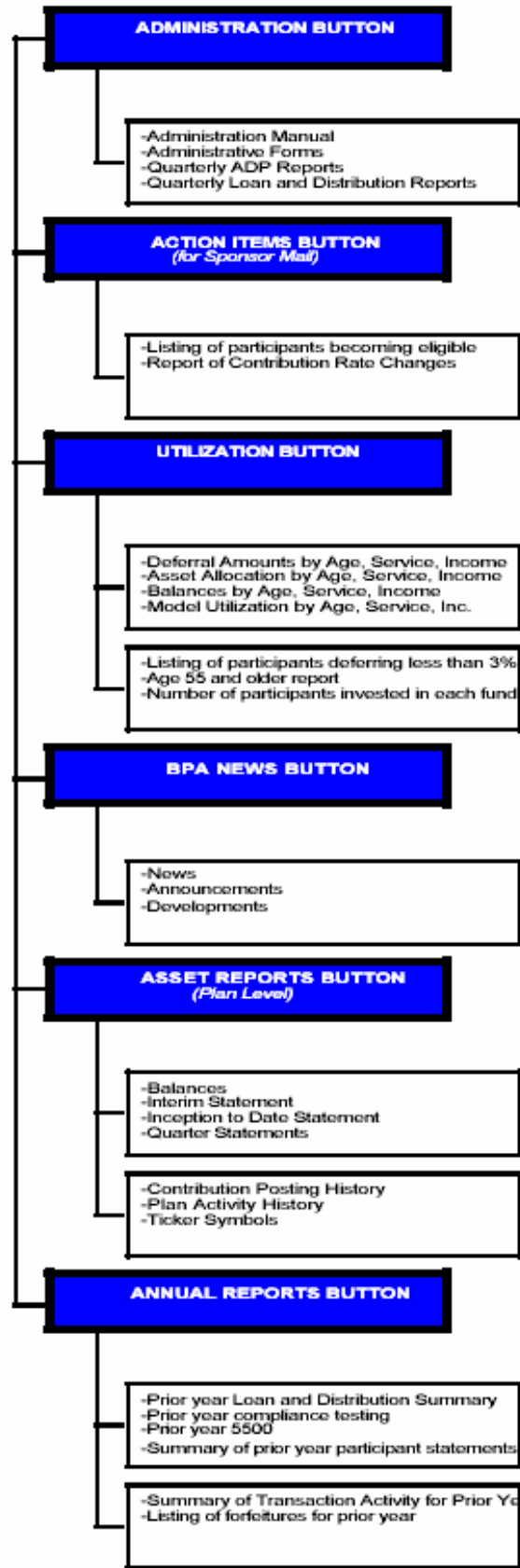
-or-



- On left nav strip choose [Plan Activity History](#).
- Change the **Trade Date** to the date you would like to start with.
- If you want information for all funds, leave the "\*\*\*\*" in the **Enter Fund ID** box and then skip to the **Transaction Box**.
- If you want information on a particular fund, delete the "\*\*\*\*" from the **Enter Fund ID** box and choose the fund from the drop down box by **Select Investment/Source** box. Use the second drop down box to select a particular money source.
- Use the drop down box by **Transaction** to select the transaction type.
- Click on the **Summit Query** button.

## BPA Sponsor Web Mapping Guide





## *The Direct Line To Your Future*

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### **Welcome to *BPAline***

*BPAline* is the fast and accurate way to keep in touch with your future! This easy-to-use service offers the latest in communication technology and was designed with you in mind.

With *BPAline* you can have greater control in managing your assets, which allows you to take full advantage of your retirement accounts. This guide will help you learn more about this service. Be sure to review the system map of this brochure before you call.

### **When can I call this service?**

You can access *BPAline* 24 hours a day, 7 days a week (except for temporary maintenance shutdowns). Just dial:

**(315) 735-5670**

**OR**

**1-800-530-1BPA**

### **How do I access my account?**

All you need is a touch-tone telephone, your Social Security Number and your assigned Personal Identification Number (PIN). More information about your PIN is described later in this guide.

### **What kind of information can I obtain?**

You can use this service in two ways – obtain information about your account or make changes to your account over the telephone. Simply follow the map in this guide when you call. As you hear the options, press the appropriate touch-tone telephone key and *BPAline* guides you all the way!

## **How *BPAline* Works**

### **What is my PIN?**

Initially, you will be assigned a Personal Identification Number (PIN) which is the last 4 digits of your social security number. We strongly urge you to change this assigned PIN as soon as possible.

Your PIN is confidential and protects the security of your account. This code lets the system know who is calling. You cannot access *BPAline* without a PIN.

***Do not share your PIN with anyone else.***

### **Can I change my PIN?**

You may change your PIN at any time to a number of your choice. Select Option 6 in the Main Menu. Your PIN change will be effective immediately. You will need to use this new number when you call *BPAline* in the future.

### **What if I lose or forget my PIN?**

You may request a new PIN through the system. When you call, enter your Social Security Number. The system will ask you if you have lost or forgotten your PIN. Your new PIN is assigned and will be given to you in a confidential letter. You will not be able to access the system until you receive your new PIN (approximately 5 business days).

**Note:** The system will give you 4 opportunities to enter your correct PIN. If you are unable to enter a correct PIN within 4 tries, *BPAline* locks your account. Contact a Retirement Plan Specialist at BPA to reset your account for *BPAline* access.

## **Helpful Hints for Using *BPAline***

### **When will my Transactions be effective?**

After requesting a transaction or an account change via *BPAline*, you will be given an opportunity to confirm your selections. A written confirmation will be mailed to your home address within 5 business days after you initiate a transaction.

If you want to change the investment direction of your *Current Account Balance*, select Option 2, **"To Reallocate Your Current Account Balance"**. Your Current Account Balance will be reallocated based on the allocation percents (*percentages must total 100%*) or dollar amounts you enter. Your future contributions will not be affected by this election.

If you want to change the investment direction of *Future Contributions* to your Account Balance, select Option 4, **"To Change the Investment Direction of Future Contributions"**.

**If you press the wrong key** – Re-enter your response when the system prompts you.

**If you make a mistake while requesting a change to your account** – Correct your error when *BPAline* confirms your request.

**If you know which option you want without listening to the entire menu** – Select the option at any time after the system begins to list the menu options.

**BPAline System Map**  
Dial 1-800-530-1272 OR (315) 735-5670  
Enter your **SSN** and **PIN**

Personal Account Information. . . . .	Press <b>1</b>
<b>1</b> Account Balance Information	
<b>2</b> Reallocate Current Balance	
<b>4</b> Redirect Future Contributions	
Loan Information . . . . .	Press <b>2</b>
Investment Prices . . . . .	Press <b>3</b>
Change Your PIN . . . . .	Press <b>6</b>
Repeat Information . . . . .	Press <b>7</b>
.	
Return to a Previous Menu . . . . .	Press <b>8</b>
Return to the Main Menu . . . . .	Press <b>9</b>

Access your account information by using  
any  
of the following methods:

Visit BPA's website at  
**www.bpah.com**  
Dial locally (315) 735-5670  
Dial Toll Free (800) 530-1272

**BPA-Harbridge**  
6 Rhoads Drive – Suite 7  
Utica, NY 13502-6374

|131041|  
000015 98Q  
Peter Participant  
Address Line 1  
Address Line 2  
Manlius, NY 13104

RE: Your enrollment into the  
Benefit Plans Administrators  
Vru and Web Test Plan  
Social Security Number 000-01-5015

Dear Peter:

As a participant in the plan, we would like to welcome you to use **BPAline** as your plan inquiry line. Dial 1-800-530-1272 to receive information about your account. In addition to the inquiry service, you will receive benefit statements periodically that detail your account.

You must have a touch tone phone to use **BPAline**. Your personal identification number (PIN) and your Social Security Number are used to access plan information. If you lose or misplace the PIN initially assigned to you, BPAline will issue you a new PIN. The new number will be mailed to you in about 5 business days. **BPAline** will also allow you to change your PIN.

The telephone service is available 24 hours a day, 365 days a year. Occasionally, BPAline will be off line for maintenance. Your account information will usually be updated on a daily basis.

You may also access your account information by visiting the BPA Website at **<http://www.bpah.com>** and using your social security number and pin number displayed below. A BPAline guide may be accessed by selecting the Documents tab on the website.

The functions currently available are:

- 1) PIN changes;
- 2) Current Balance Inquiry;
- 3) Loan modeling, if available in your plan;
- 4) Requests for withdrawal forms;
- 5) Fund Reallocaton.

Other functions will be added in the future.

Your personal IDENTIFICATION NUMBER (PIN) is: **0015**

This number is the same as the last four digits of your social security number. When you call the BPAline, or log onto our website, you will be prompted to input your Social Security Number and PIN. After you enter your PIN for the first time, you will be instructed to change your PIN for security reasons. You will also be instructed to provide us with your e-mail address.

Sincerely,

Plan Trustee