

**BOSTON COLLEGE RETIREMENT PROGRAM**  
**SALARY REDUCTION AGREEMENT/ALLOCATION AUTHORIZATION**

**I. IDENTIFICATION INFORMATION** (Please print & use pen.)

Your Name: \_\_\_\_\_ Eagle# \_\_\_\_\_ - \_\_\_\_\_ [required]  
(1<sup>st</sup> 8 digits on ID Card)

Campus Address: \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Department)

\_\_\_\_\_  
(Building/Room) (Phone Ext.) Single \_\_\_\_\_ Married \_\_\_\_\_

**II. 401(k) RETIREMENT PLAN I and II**

Check if:  New Enrollment (complete sect. A & B)  Allocation Change only (complete sect. B)

**A. New Enrollment** Effective with respect to amounts earned on or after the first day of \_\_\_\_\_, \_\_\_\_\_ my basic salary will be reduced by the 2% specified as required employee contributions under the 401(k) Retirement Plans sponsored by Boston College. This will qualify me for a Boston College matching contribution equal to 8% or 10% of my basic salary, depending upon my length of service.

**B. Allocation** Effective Date (if allocation change only): First day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ % TIAA-CREF (GRA) [401(k) Retirement Plan I]

\_\_\_\_\_ % FIDELITY INVESTMENTS [401(k) Retirement Plan II]

100% Total

Check if No Change in allocation

**III. THE VOLUNTARY 403(b) PROGRAM**

Check if:  New Enrollment (sect. A & B) or Change in  Contribution (sect. A)  Allocation (sect. B)

Check if requesting:  Age 50 Catch-up [Must complete Addendum A]

**A. Contribution** Effective with respect to amounts earned on or after the first day of \_\_\_\_\_, \_\_\_\_\_ my basic salary will be reduced by the amount in Section II above (if applicable), plus \_\_\_\_\_%. I understand that my elected percentage may be reduced by Boston College to satisfy my statutory limits under Section 403(b), Section 415, or Section 402(g) of the Internal Revenue Code.

**B. Allocation** Effective Date (if allocation change only): First day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ % TIAA-CREF (Group) Supplemental Retirement Annuity (GSRA)

\_\_\_\_\_ % FIDELITY INVESTMENTS

\_\_\_\_\_ % TIAA-CREF Retirement Annuity (RA) [not open to new investors]

100% Total

Check if No Change in allocation

By signing this form, I understand that the amount defined in Sections II and III above will be paid to my retirement plan accounts. I also understand that this Agreement shall be legally binding and irrevocable as to both me and Boston College, provided, however, that I may change or terminate my salary reduction election as of the end of any month by giving at least thirty days' prior written notice and completing a new Salary Reduction Agreement, if applicable.

I hereby elect to have future contributions made on my behalf under the Boston College 401(k) Plan and/or Voluntary 403(b) Program invested as I have indicated above. I certify that I have received a prospectus for each mutual fund/investment account I have chosen. I understand that by allocating contributions to TIAA-CREF in Section II I am participating in the 401(k) Retirement Plan I, and by allocating contributions to Fidelity in Section II I am participating in the 401(k) Retirement Plan II.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Benefits Approval: \_\_\_\_\_

**IMPORTANT:** If enrolling in an option for the first time, you must also complete the appropriate application form.  
Return all forms to the Benefits Office, More Hall 325, prior to the effective start date.