# BOSTON COLLEGE 401(k) PLAN FUND CODES

<table>
<thead>
<tr>
<th>FUND NAME</th>
<th>CODE</th>
</tr>
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<tbody>
<tr>
<td>Fidelity Freedom® Index 2005 Fund - Class K – Institutional Premium Class</td>
<td>002765</td>
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<tr>
<td>Fidelity Freedom® Index 2010 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2015 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2020 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2025 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2030 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2035 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2040 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2050 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index 2055 Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity Freedom® Index Income Fund - Class K – Institutional Premium Class</td>
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<td>Fidelity® 500 Index Fund</td>
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<td>Fidelity® Contrafund® - Class K</td>
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<tr>
<td>Fidelity® Diversified International Fund - Class K</td>
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<td>Fidelity® Extended Market Index Fund</td>
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<td>Fidelity® Government Money Market Fund - Premium Class</td>
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<td>Fidelity® Growth Company Fund - Class K</td>
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<td>Fidelity® Extended Market Index Fund</td>
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<td>Fidelity® Small Cap Value Fund</td>
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<td>Fidelity® Total Market Index Fund</td>
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<td>Fidelity® U.S. Bond Index Fund</td>
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<td>MFS Value Fund Class R6</td>
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<tr>
<td>PIMCO Total Return Fund Institutional Class</td>
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<tr>
<td>Vanguard Inflation-Protected Securities Fund Admiral Shares</td>
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<tr>
<td>Vanguard Total International Stock Index Fund Institutional Shares</td>
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1. GENERAL INSTRUCTIONS

**Opening a new account:** Please complete this application, including the beneficiary designation, and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation form to Fidelity. You will receive written confirmation once your account is established. At that point you can submit a Contribution form to your employer who can then forward contributions to your account. Please contact Fidelity, your employer, or tax advisor to determine your maximum allowable contribution.

**Mailing instructions:** Unless otherwise instructed by your employer, return this form in the enclosed postage-paid envelope to Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday from 8 a.m. to midnight Eastern time, or visit us at Fidelity.com/atwork.

2. SELECTION OF INVESTMENT OPTIONS

In whole percentages please indicate how you wish to have your contributions allocated to the investment options you have selected. Check with your employer as to which options are available for investment under your plan. Please select investment options that are available under your plan and ensure your allocations total 100%.

If you would like to select more than four investment options, please write the fund code, fund name, and allocation percentage on a separate sheet of paper and attach it to your account application. The fund code can be found on the front side of each prospectus.

3. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries. To assign additional beneficiaries, please attach, sign, and date a separate piece of paper.

**When designating beneficiaries, please use whole percentages** and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust’s name, trust address, the date the trust was created, and the trustee’s name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary’s designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them.

4. SPOUSAL CONSENT

**Spousal Consent:** If you are married, your plan requires that you designate your spouse as primary beneficiary for at least 50% of your vested account balance, payable in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan.

**Age 35 Requirement:** Your spouse must be the primary beneficiary of your account as described above unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you wish to designate a different primary beneficiary at that time you will need to complete a new Beneficiary Designation form.

5. AUTHORIZATION

**Please provide your signature.**
Fidelity Investments
Enrollment and Beneficiary Form
Qualified Plan

1. YOUR INFORMATION

Please use a black pen and print clearly in CAPITAL LETTERS.

Social Security #: ___________________________ Date of Birth: ____________
First Name: ________________________________
Last Name: ________________________________
Mailing Address: ________________________________________________________
Address Line 2: _________________________________________________________
City: _________________________________________________________________ State: ______
Zip: ________________________________________________________________
Daytime Phone: ___________________________ Evening Phone: _______________________
E-mail: ________________________________________________________________
Name of Employer: Boston College Name of Site/Division: 
Plan Number (if known): ______
Date of Hire: ____________________________
I am: [ ] Single OR [ ] Married Name of Site/Division: __________________________

2. SELECTION OF INVESTMENT OPTIONS

Please check here if you are selecting more than four investment options.
Investment Options Please use whole percentages

<table>
<thead>
<tr>
<th>Fund Code</th>
<th>Fund Name</th>
<th>Percentage</th>
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Total = 100%
3. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than two primary or two contingent beneficiaries.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual:  
   Social Security Number: OR  
   Date of Birth or Trust Date:  

OR

Trust Name:

Tax ID Number:  
Percentage:  

Relationship to Applicant:

☐ Spouse  OR  ☐ Trust  OR  ☐ Other

2. Individual:  
   Social Security Number: OR  
   Date of Birth or Trust Date:  

OR

Trust Name:

Tax ID Number:  
Percentage:  

Relationship to Applicant:

☐ Spouse  OR  ☐ Trust  OR  ☐ Other  Total = 100%

Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. Please note: Your primary beneficiary cannot be your contingent beneficiary.

1. Individual:  
   Social Security Number: OR  
   Date of Birth or Trust Date:  

OR

Trust Name:

Tax ID Number:  
Percentage:  

Relationship to Applicant:

☐ Spouse  OR  ☐ Trust  OR  ☐ Other

2. Individual:  
   Social Security Number: OR  
   Date of Birth or Trust Date:  

OR

Trust Name:

Tax ID Number:  
Percentage:  

Relationship to Applicant:

☐ Spouse  OR  ☐ Trust  OR  ☐ Other  Total = 100%

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).
4. SPOUSAL CONSENT

As the spouse of the Participant named above, I understand that, under the terms of the Plan, my spouse’s retirement benefits are to be paid to me in the form of a Qualified Joint and Survivor Annuity (QJSA), unless I choose to give up that right. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse’s death; (2) that my spouse’s waiver of the QJSA is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse revokes the waiver of the QJSA; and (5) that my consent (signature) must be witnessed by a notary public or a representative of the Plan.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant turns 35 that my rights to receive the QJSA benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the first day of the plan year in which the participant attains age 35, or (b) the date the participant separates from service with the employer sponsoring the retirement Plan.

Signature of Participant’s Spouse: __________________________  Date: __________________________

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer’s plan):

Sworn before me this day: __________________________

In the State of _______ County of _______

Notary Public Signature: ____________________________

Notary stamp must be in the above box

My Commission Expires: ____________________________

Witnessed by Plan Representative: ____________________________  Date: __________________________

5. AUTHORIZATION AND SIGNATURE

Individual Authorization: By executing this form

• I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
• I acknowledge that I have read the prospectus of any mutual fund in which I invest and agree to the terms.
• I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.
• I understand that I may designate a beneficiary for my assets accumulated under the plan, and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of the plan.
• I am aware that the beneficiary information provided herein shall apply to all my accounts under the plan and shall replace all previous designation(s) I have made on any of my accounts under the plan. Note: If you are married, see Section 4 of this form for applicable consent requirements.
• I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation form to Fidelity with a later date.
• If Fidelity Management Trust Company (FMTC) is the trustee of my Employer’s Plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.

Your Signature: ____________________________  Date: __________________________

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