

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

EE Class \_\_\_\_\_

**I. IDENTIFICATION INFORMATION** (Please print & use pen.)      **Your Eagle#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [required]  
(1<sup>st</sup> 8 digits on ID Card)

**Your Name:** \_\_\_\_\_ **Tel. Ext.:** \_\_\_\_\_ **Single** \_\_\_\_\_ **Married** \_\_\_\_\_

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

**Date of Hire/Service Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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**

TIAA (GRA) [401(k) Retirement Plan I]	_____ %
FIDELITY INVESTMENTS [401(k) Retirement Plan II]	_____ %
<b>Total</b>	<b>100%</b>

Effective Date (if allocation change only): **First day of** \_\_\_\_\_, \_\_\_\_\_  **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 [up to additional \$6,500] – I will be age 50 or older by December 31<sup>st</sup>**

**A. Contribution** Effective with amounts earned on or after **the first day of** \_\_\_\_\_, \_\_\_\_\_ my basic salary will be reduced by the 2% in Section II above (if applicable), plus \_\_\_\_\_% as a **PRE-TAX 403(b)** contribution and/or \_\_\_\_\_% as an **AFTER-TAX Roth 403(b)** contribution. 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** [ Where do you want your Pre-tax and/or After-tax Roth contributions to be applied? ]

<u>Pre-tax 403(b) Contributions</u>	<u>After-tax Roth 403(b) Contributions</u>
_____ %      TIAA (Group) Supplemental Retirement Annuity (GSRA)	_____ %
_____ %      FIDELITY INVESTMENTS	_____ %
_____ %      TIAA Retirement Annuity (RA) [not open to new investors]	_____ %
100%	100%

Effective Date (if allocation change only): **First day of** \_\_\_\_\_, \_\_\_\_\_  **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 adequate 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 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 – 129 Lake St. [ email: [benefits@bc.edu](mailto:benefits@bc.edu) ] prior to the effective start date.**