

Financial Planning Subsidy Application

Please send this completed form to the Boston College Benefits Office, 129 Lake St. A copy will be returned to you with approval noted.

Employee Information	
Name:	Eagle ID
Department:	Campus Extension:
Campus Address	
Financial Planner Information	
Name:	Telephone #:
Business Name (if applicable):	Address:
Financial Planner Credentials (Please enclose descriptive materials, if available.)	

_____ Certified Financial Planner (CFP)
_____ Chartered Financial Consultant (ChFC)

_____ Attorney