

BOSTON COLLEGE RETIREMENT PROGRAM EE Class _____
SALARY REDUCTION AGREEMENT/ALLOCATION AUTHORIZATION

I. IDENTIFICATION INFORMATION (Please print & use pen.) Your Eagle# _____ [required]
(1st 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 % 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 _____ or 10% of my basic salary, depending upon my length of service.

B. Allocation TIAA (GRA) [401(k) Retirement Plan I] _____