

BOSTON COLLEGE RETIREMENT PROGRAM  
SALARY REDUCTION AGREEMENT/ALLOCATION AUTHORIZATION

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

I. IDENTIFICATION INFORMATION (Please print & use pen.)	Your Eagle# _____ [required] <small>(1<sup>st</sup> 8 digits on ID Card)</small>
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: <input type="checkbox"/> New Enrollment (complete sect. A & B) <input type="checkbox"/> 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] _____