

BOSTON COLLEGE RETIREMENT PROGRAM
SALARY REDUCTION AGREEMENT/ALLOCATION AUTHORIZATION

EE Class _____

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** ____ / ____ / ____ **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] _____ %
Total 100%

Effective Date (if allocation change only): **First day of** _____, _____

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 \$7,500] – I will be age 50 or older by December 31st**
Also Check if requesting: ☐ **Age 60-63 Catch-up [up to additional \$3,750] – I will attain age 60,61,62, or 63 during 2025**

Check if requesting: ☐ **Maximum contribution for 202**____ **(N.B. % will continue into next year unless change is requested)**

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** _____, _____

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] prior to the effective start date.