BOSTON COLLEGE RETIREMENT PROGRAM

401(k) PLAN with NO EMPLOYER CONTRIBUTION

EE Class:

<u>SALARY REDUCTION AGREEMENT</u> - <u>Non-Benefits Eligible Employees</u>

C I P T Y Z

I. IDENTIFICATION INFORMATION (Please print & use pen.)		Your Eagle#	(1 st 8 digits on ID Card)	[required]	
Your Name:				Married	
Department:		Date of Birth	/ Date of Birth (mm/dd/yy)//		
		Date of Hire/Service Date//			
II. 401(k) RETIREMENT PLAN I and II (With No Boston College Matching Contributions)					
Check if: NewEnrollment (complete sect. A & B) Plan Change only (complete sect. B & relevant enrollment form)					
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% required employee contribution under the 401(k) Retirement Plans sponsored by Boston College.					
B. Plan Choice (select one)	B. Plan Choice (select one) TIAA (GRA) [401(k) Retirement Plan I]				
	FIDELITY INVESTMENTS [401(k) Retirement Plan II]				
Effective Date (if Plan change only): First day of,					
Г					
By signing this form, I understand that the amount defined in Sections II 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 contributio prospectus for each mutual fund/investm	ns made on my behalf under the Boston College nent account I have chosen.	: 401(k) Plan allocated as I have	e indicated above. I underst	tand that I may receive a	
Signature:	Date:	Benefits A	.pproval:		

<u>IMPORTANT</u>: If enrolling in an option for the first time, you must also complete the appropriate enrollment form. Return all forms to the Benefits Office – 129 Lake St. [email: benefits@bc.edu] prior to the effective start date.