

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

I. IDENTIFICATION INFORMATION (Please print & use pen.)	Your Eagle# _____ [required] <small>(1st 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) 4 ((it)on)-2 (sBT /TT1 1