



# BOSTON COLLEGE

BENEFITS OFFICE

## BOSTON COLLEGE 401(k) PLAN FUND CODES

<b>FUND NAME:</b>	<b>FUND CODE:</b>
Fidelity Freedom® Index 2010 Fund Commingled Pool Class T	004114
Fidelity Freedom® Index 2015 Fund Commingled Pool Class T	004116
Fidelity Freedom® Index 2020 Fund Commingled Pool Class T	004118
Fidelity Freedom® Index 2025 Fund Commingled Pool Class T	004119
Fidelity Freedom® Index 2030 Fund Commingled Pool Class T	004120
Fidelity Freedom® Index 2035 Fund Commingled Pool Class T	004122
Fidelity Freedom® Index 2040 Fund Commingled Pool Class T	004123
Fidelity Freedom® Index 2045 Fund Commingled Pool Class T	004124
Fidelity Freedom® Index 2050 Fund Commingled Pool Class T	004126
Fidelity Freedom® Index 2055 Fund Commingled Pool Class T	004127
Fidelity Freedom® Index 2060 Fund Commingled Pool Class T	004128
Fidelity Freedom® Index 2065 Fund Commingled Pool Class T	003446
Fidelity Freedom® Index Income Fund Commingled Pool Class T	004111
Fidelity® Contrafund® Commingled Pool	003717
Fidelity® Diversified International K6 Fund	002947
Fidelity® Government Money Market Fund - Premium Class	002741
Fidelity® Growth Company Commingled Pool	003716
Fidelity® Small Cap Value Fund	001389
Fidelity® U.S. Bond Index Fund	002326
MFS Large Cap Value Fund Class 6B	00PDJ6
PIMCO Total Return Fund Institutional Class	899622
Spartan® 500 Index Pool Class C	003951
Spartan® Extended Market Index Pool Class C	003986
Spartan® Total Market Index Pool Class C	003946
Vanguard Inflation-Protected Securities Fund Admiral Shares	849268
Vanguard Total International Stock Index Fund Institutional Shares	877800

ONE TWENTY NINE LAKE STREET, ROOM 140, 140 COMMONWEALTH AVENUE, CHESTNUT HILL, MA 02467

TEL: 617-552-3329 FAX: 617-552-0699

# Fidelity Investments Enrollment and Beneficiary Form Qualified Plan



## 1. GENERAL INSTRUCTIONS

**Opening a new account:** Please complete this application, including the beneficiary designation, and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation form to Fidelity. You will receive written confirmation once your account is established. At that point you can submit a Contribution form to your employer who can then forward contributions to your account. Please contact Fidelity, your employer, or tax advisor to determine your maximum allowable contribution.

**Mailing instructions:** Unless otherwise instructed by your employer, return this form in the enclosed postage-paid envelope to

**Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday from 8 a.m. to midnight Eastern time, or visit us at [Fidelity.com/atwork](http://Fidelity.com/atwork).

## 2. SELECTION OF INVESTMENT OPTIONS

In **whole percentages** please indicate how you wish to have your contributions allocated to the investment options you have selected. Check with your employer as to which options are available for investment under your plan. Please select investment options that are available under your plan and ensure your allocations total 100%.

If you would like to select more than four investment options, please write the fund code, fund name, and allocation percentage on a separate sheet of paper and attach it to your account application. The fund code can be found on the front side of each prospectus.

## 3. DESIGNATING YOUR BENEFICIARY(IES)

**You are not limited to three primary and three contingent beneficiaries.** To assign additional beneficiaries, please attach, sign, and date a separate piece of paper.

**When designating beneficiaries, please use whole percentages** and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name, trust address, the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them.

## 4. SPOUSAL CONSENT

**Spousal Consent:** If you are married, your plan requires that you designate your spouse as primary beneficiary for at least 50% of your vested account balance, payable in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan.

**Age 35 Requirement:** Your spouse must be the primary beneficiary of your account as described above unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you wish to designate a different primary beneficiary at that time you will need to complete a new Beneficiary Designation form.

## 5. AUTHORIZATION

**Please provide your signature.**

Fidelity Investments Institutional Operations Company LLC, 245 Summer Street, Boston, MA 02210.



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# Fidelity Investments Enrollment and Beneficiary Form Qualified Plan

## 1. YOUR INFORMATION

Please use a **black** pen and print clearly in CAPITAL LETTERS.

Social Security #:    -   -     Date of Birth:   -   -

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:                    State:

Zip:     -

Daytime Phone:    -    -      Evening Phone:    -    -

E-mail:

Name of Employer:  Plan Number (if known):

Date of Hire:   -   -

I am:  Single OR  Married Name of Site/Division:

## 2. SELECTION OF INVESTMENT OPTIONS

Please check here if you are selecting more than four investment options.

Investment Options	Please use whole percentages	
Fund Code:	Fund Name:	Percentage:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
<b>Total = 100%</b>		



### 3. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than two primary or two contingent beneficiaries.

#### Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	<b>Total = 100%</b>

#### Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	<b>Total = 100%</b>

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).



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#### 4. SPOUSAL CONSENT

As the spouse of the Participant named above, I understand that, under the terms of the Plan, my spouse's retirement benefits are to be paid to me in the form of a Qualified Joint and Survivor Annuity (QJSA), unless I choose to give up that right. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver of the QJSA is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse revokes the waiver of the QJSA; and (5) that my consent (signature) must be witnessed by a notary public or a representative of the Plan.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant turns 35 that my rights to receive the QJSA benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the first day of the plan year in which the participant attains age 35, or (b) the date the participant separates from service with the employer sponsoring the retirement Plan.

Signature of Participant's Spouse:

Date:

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To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan):

Sworn before me this day

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In the State of

County of

Notary Public Signature:

*Notary stamp must be in the above box*

My Commission Expires:

--

Witnessed by Plan Representative:

Date:

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#### 5. AUTHORIZATION AND SIGNATURE

**Individual Authorization:** By executing this form

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
- I acknowledge that I have read the prospectus of any mutual fund in which I invest and agree to the terms.
- **I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**
- I understand that I may designate a beneficiary for my assets accumulated under the plan, and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of the plan.
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the plan and shall replace all previous designation(s) I have made on any of my accounts under the plan. Note: If you are married, see Section 4 of this form for applicable consent requirements.
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation form to Fidelity with a later date.
- If Fidelity Management Trust Company (FMTC) is the trustee of my Employer's Plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.

Your Signature:

Date:

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