

# Withdrawal – Eligible for Rollover

### A Guide to Withdrawing Money From Your Retirement Plan

Whether you're changing jobs or retiring or taking a withdrawal for other reasons, removing your money from a 401(k) or other qualified retirement plan means you'll need to review your distribution options so you can make an informed decision. This brief guide highlights the steps you can take today to help make the process easier and includes the necessary paperwork.

# There are two ways to withdraw your money:



#### 1. Call John Hancock at 1-888-695-4472

- Our Rollover Education Specialists will help answer questions about the distribution options available to you: 1,2,3
  - Roll over to a John Hancock Individual Retirement Account (IRA)<sup>4</sup>
  - Roll over to an IRA with another financial institution
  - Stay in your existing plan
  - Transfer your money to a new employer's plan (if leaving your employer)
  - Take a cash distribution (see box at right)
- We'll introduce you to your plan's financial representative if applicable.
- We'll help you fill out the paperwork.

#### IMPORTANT

Be sure you know the tax consequences of taking cash. Taxes and penalties could apply. Call John Hancock to learn more.



# 2. Work with your financial representative or do-it-yourself

- Review your distribution options with your financial representative <sup>2,3</sup> (i.e., roll over to a John Hancock IRA<sup>4</sup>; roll over to an IRA with another financial institution; stay in your existing plan, if leaving your employer; transfer your money to a new employer's plan; take a cash distribution).
- Fill out the attached form and return it based on the instructions provided to you by your plan administrator.

# **Need help?** Call our Rollover Education Specialists to help make this transition a smooth one. **1-888-695-4472**

- <sup>1</sup> Distribution education and rollover services provided by John Hancock Personal Financial Services, a division within John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York.
- <sup>2</sup> Each distribution option has its own potential advantages, disadvantages and tax consequences. Anyone interested in these transactions or topics should seek advice based on his or her particular circumstances from independent professional advisors.
- <sup>3</sup> There may be additional distribution options that are available only under your specific plan. Please check with your plan administrator for more information.
- <sup>4</sup> Participants in qualified plans with John Hancock are eligible to roll over to a John Hancock IRA with no sales charge for the life of the account. A \$15 annual calendar maintenance fee applies. See the John Hancock IRA application for additional information. See the prospectus for details on eligibility.

A fund's investment objectives, risks, charges and expenses should be considered carefully before investing. The prospectus contains this and other important information about the fund. To obtain a prospectus, visit our web site at www.JHRollover.com or call the Rollover Education Center at 1-888-695-4472. Please read the prospectus carefully before investing or sending money.

John Hancock Funds, LLC, member FINRA/SIPC, 601 Congress Street, Boston, MA 02210-2805.

Both John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York do business under certain instances using the John Hancock Retirement Plan Services name. Group annuity contracts are issued by John Hancock Life Insurance Company (U.S.A.) (John Hancock USA). In New York, products are issued by John Hancock Life Insurance Company of New York (John Hancock New York).



# Withdrawal - Eligible for Rollover

#### Important information about this form

- · Your plan may require you to provide supporting documents or additional information before your request can be processed.
- As the participant, you complete Sections 1 7 of this form and return it to your Plan Representative.
- As the Plan Representative, you review Sections 1 7, and complete Sections 8 10 of this form.
- If the participant address provided below is new or different than what is currently on record with John Hancock Retirement Plan Services, we will update our records accordingly. Ensure your next census submission includes revised employee information to avoid your file superseding the information supplied on this form.
- A 1099R form will be issued for each distribution and loan default (if applicable) by January 31 of the following year.

All changes must be initialed in pen (including numbers crossed out or changed using correction fluid).

1 General Information	
The Trustee of	Plan (the "Plan")
Contractholder Name	Contract Number
Participant Name as displayed on your Social Security Card (Last name, First Name, Initial)	Participant Social Security Number (Full SSN Required)
	Date of Birth
Participant Address - Street Address	Month Day Year
	Participant Phone No
City, State, Zip Code, Country	
<b>2</b> What is the reason for your withdrawal? - Select ✓ ONE option	only
It is the responsibility of the Plan Administrator, and not of John Hancock Retirement Plan Sounder the terms of the Plan to receive the distribution selected below.	ervices, to ensure that the participant is permitted
TE - Termination date Indicate	
RE - Retirement date Month Day Year VC - Employee Volunta (Must complete Section	

#### **Information about Deferred Distributions**

- Section 1102 of the Pension Protection Act of 2006 requires plans to notify participants that they have the right to defer distributions as well as the consequences of making that choice. The investment options available under your group annuity contract as well as the fees related to the investment options are part of this consideration.
- For a description of the investment options available under your group annuity contract, including fees:
  - Log onto <u>www.jhpensions.com</u> (in New York, <u>www.jhnypensions.com</u>).
  - Select: Your contract reports Investments Contract investment options and view Selected investment options only. Alternatively, participants may obtain this information by calling our toll free service line at 1-800-395-1113.
- You should also review your plan's Summary Plan Description (SPD) which may contain special provisions that may materially affect your decision to defer a distribution. For a copy of the SPD, please contact your Plan Administrator.

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<b>3</b> How much do you wa	nt to withdraw? - S	elect 🗹 ONE optic	on only		
If no option is selected a TO1			,		
The amount or percentage belo	w will be withdrawn as a	gross withdrawal before	income tax withh	olding.	
A - Withdraw 100% of m	y vested account value	- Complete either Section	n 4A or 4B.		
OR					
B - Withdraw only a port Tell us how much to withd mandatory. If the Investme		oney type (Amount or Pe	rcentage). Comple	ting the Investment Fur	nd Code is not
Money Type (Mandatory)	Investment Fund Code (Optional)	Amount		Percentage	
		\$	OR	%	
		\$		%	
		\$		%	
				,	
to only a single destination  A - Send my payment					
	IRA or Roth IRA - Comple	-	,		
	nployer Sponsored Qualifi		on 5C		
	Me - Complete Section 51	•	on se.		
	·		on record with lab	un Hangagk unlage FFT is	netructions are
provided in Section! if applicable. Contin	ee. A check will be mailed GC. Taxes will not be with ue to Section 6.	held and a 1099R Form v	will not be created	for each distribution a	nd loan default,
Leave my money in t	he Plan. You may defer yo	ur distribution to a later d	ate. Consult your F	Plan Administrator. <i>Conti</i>	inue to Section 6.
OR					
	to MULTIPLE destina make up your requested		ı may provide sep	arate instructions for th	e taxable and
<ul> <li>Payments directly to Roth contributions for Pre-Tax accounts.</li> </ul>	apply to any request without you will be deemed to coollowed by taxable amount you will be processed first	ome first from non-taxabl nts) in the following orde	e amounts (from l r: Non-Roth After	Non-Roth After-Tax con Tax earnings, Roth earr	nings and
	be processed in accordar	nce with the time frame	described in our A	dministrative Guidelines	S.
	icable options below and				
	_				
	Pay directly to me (Section 5D)	\$			
	☐ Pre-Tax and Non-R	oth After-Tax:			
Split my payment	Non Taxable bala	ance directly rolled over t	o:		
(select all that apply)	Traditional IR	A Roth IRA (Section 5B)	Employ (Section	er Sponsored Qualified	Plan
	_ ` ` ′	directly rolled over to:	(Section )	,	
	☐ Traditional IR	A Roth IRA	☐ Employ	er Sponsored Qualified	Plan
	(Section 5A)	(Section 5B)	(Section !	5C)	
	☐ <b>Roth:</b> Directly rolled over t	to.			
	Roth IRA		d Roth Account		
	(Section 5B)		yer Sponsored Qu	alified Plan	

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Federal law requires that 20% of the taxable amount of an eligible an eligible retirement plan. The amount withheld may not represen responsible for the payment of the income tax(es) that apply in con by your Plan Administrator regarding these tax rules. Contact your	nt your entire tax bill. The rollover will be nnection with the rollover. Please refer t	be reported to the IRS and you are to the Special Tax Notice provided
A - Traditional IRA  Direct Rollover to John Hancock Mutual Fund IRA  (minimum \$1,000 balance required)  OR  Direct Rollover to John Hancock Annuities - Accou  (minimum \$25,000 balance required)  OR  Other Individual Direct Rollover - Account No.		Your funds will be automatically transferred by wire. You must complete the Account Number. For more information call John Hancock at 1-888-695-4472.
Financial Institution Name  Financial Institution Address - Street, City, State, Zip Code, Country		
Unless Electronic Fund Transfer information is provided below instructions on file with John Hancock Retirement Plan Service  • For Check, allow 7-10 business days for regular mail delivery.  • For Electronic Fund Transfer Details - Mandatory for distribution am  □ Direct Deposit OR □ Wire - Verify with receiving Provide Domestic Bank details below.	ces, as established by the Plan Trus Direct Deposit, allow 2-3 business days.	tee. • For Wire, allow 1-2 business days.
Bank Name  For International banks, complete and attach the <i>International E</i>	Bank ABA/Routing (9 digits)  Banking Instructions form.	Bank Account No.
B - Roth IRA  Direct Rollover to John Hancock Mutual Fund IRA  (minimum \$1,000 balance required)  OR  Direct Rollover to John Hancock Annuities - Accou  (minimum \$25,000 balance required)  OR  Other Individual Direct Rollover - Account No.		Your funds will be automatically transferred by wire. You must complete the Account Number. For more information call John Hancock at 1-888-695-4472.
Financial Institution Name		
Financial Institution Address - Street, City, State, Zip Code, Country  Unless Electronic Fund Transfer information is provided below instructions on file with John Hancock Retirement Plan Service  • For Check, allow 7-10 business days for regular mail delivery.  • For Electronic Fund Transfer Details - Mandatory for distribution am  Direct Deposit  OR  Wire - Verify with receiving Provide Domestic Bank details below.	ces, as established by the Plan Trus Direct Deposit, allow 2-3 business days.	tee. • For Wire, allow 1-2 business days.
Bank Name	Bank ABA/Routing (9 digits)	Bank Account No.
For International banks, complete and attach the <i>International E</i>	Banking Instructions form.	

**5** Where do you want your money sent? - Select and complete option(s) A, B, C and/or D (as applicable)

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The Trustee of				
Plan Name		Plan Account Number		
Financial Institution Name				
Financial Institution Address - Street, City, State	e, Zip Code, Country			
	mation is provided below, a check will be issued			
	k Retirement Plan Services, as established by the			
•	regular mail delivery. • For Direct Deposit, allow 2-3 busi Indatory for distribution amounts over \$50,000.	riess days. ● For VVIIIe, allow 1-2 business days		
	Wire - Verify with receiving bank if they accept wires	and/or charge a fee		
rovide Domestic Bank details below		and/or charge a ree.		
ank Name	Bank ABA/Routing (9 digits)	Bank Account No.		
	d attach the <i>International Banking Instructions</i> form.	Bank Account No.		
For international banks, complete and	a dilacii ille imemational banking instructions form.			
O - Payment directly to me -	All applicable taxes will be withheld			
Federal Tax	• •			
A taxable distribution (and, if application a U.S. person (including a U.S. re	able, each outstanding loan balance) is subject to 20%	mandatory minimum federal tax withholding		
	a whole number above 20%% (refer to DC	OL Field Assistance Bulletin 2004-02 for detail		
	a U.S. resident alien. Country of Residence	or field Assistance bulletin 2004-02 for detail		
	ompleted IRS Form W-8BEN, withholding federal tax o	of 30% will apply.		
State Tax Withholding Instruc				
	te of residence at time of withdrawal if state tax with	holding should be taken for a state other the		
Residence the state	provided to us.			
AR, DC, DE, KS, MA, MD, ME, NC,	Options for State Tax Withholding You may not opt out. Since your distribution was sub-	piect to Federal Income Tax, these states		
NE, OK, VA, VT	require Mandatory State withholding based on the s			
	State tax withholding will be applied to your taxable following boxes is checked below:	distribution unless one of the		
	l elect to opt out of withholding. (This option is a	only available for residents of Michigan.)		
MI, IA	I am eligible to claim exemption of \$	; withhold tax only on the		
,	taxable distributed amount that is in excess of the exempt amount.			
	If you check one of the boxes above, you are required to return a completed Form W-4P to your Plan Administrator. Ensure that the election made above is consistent with the election made or your completed Form W-4P.			
CA, OR	You may opt out of the mandatory state withholding	g by checking here.		
AL, CO, CT, GA, ID, IL, IN, KY, LA, MN, MO, MT, ND, NJ, NM, NY, OH, SC, UT, WV, WI	You may elect voluntary state income tax withholdin amount to be applied for state tax withholding here maximum percentage.  % or \$			
Inless Electronic Fund Transfer infor	mation is provided below, a check will be issued	and mailed using the standing mailing		
nstructions on file with John Hancoo	k Retirement Plan Services, as established by the	Plan Trustee.		
	regular mail delivery. • For Direct Deposit, allow 2-3 busi Indatory for distribution amounts over \$50,000.	iness days. • For Wire, allow 1-2 business days		
Direct Deposit	idatory for distribution amounts over \$30,000.			
My personal bank account is	Checking OR Savings			
DR	enecking <b>Ch</b> = savings			
Wire - Verify with receiving bank i	f they accept wires and/or charge a fee.			
rovide Domestic Bank details below	•			
. o riac Boillestic Ballic actails below				
ank Name	Bank ABA/Routing (9 digits)	Bank Account No.		

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receive the Special Tax Notice from your Plan Administrator. However, if your plan permits, you may elect to waive this 30-day waiting period and have your benefit paid earlier. To waive the waiting period, check below:
I wish to waive the 30-day waiting period
The information provided in this section shall not be maintained or acted upon by John Hancock Retirement Plan Services.
7 Participant Signature
John Hancock Retirement Plan Services may charge a fee for this withdrawal request. Other charges or fees may also apply. Please refer to your plan 404a-5 Plan & Investment Notice available on the participant website at <a href="www.jhpensions.com">www.jhpensions.com</a> (in New York, <a href="www.jhpyensions.com">www.jhpyensions.com</a> (in Ne
each such violation. For all other states, civil penalties may apply.
Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens).  Under penalties of perjury, I certify that:  1. The number shown in Section 1 of this form is my correct taxpayer identification number, and  2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).
<b>Certification Instructions</b> You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.
$\square$ I am subject to backup withholding as a result of a failure to report all interest and dividends.
Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.  Please note that, by signing this form, you declare that you make the above certifications under penalties of perjury.  Under penalties of perjury, I certify the above statements.
Signature of Participant Name - please print Date
Section 8, 9 and 10 to be completed by Plan Representative.  8 Withdrawal Details
Has the final contribution been submitted for this participant?  If the final payroll for this participant has not been submitted  to John Hancock Retirement Plan Services, provide the final payroll ending date.  Month Day Year
f a date is provided, John Hancock Retirement Plan Services will coordinate processing of this distribution with receipt of the final payroll to avoid additional contribution payouts that often remain uncashed.
Is the participant withdrawing In-Plan Roth Rollover (IRR) assets?  For a total withdrawal, we will report the original rollover amount processed as the amount allocable to IRR assets.
For a partial withdrawal, provide the amount allocable to IRR assets.   Note: All Roth assets held by the participant would need to be taken into consideration when calculating the amount allocable to the IRR.  If left blank, we will report the amount requested as being first allocable to the IRR assets.  It is important that information on the allocable amount be provided to John Hancock Retirement Plan Services if this allocation order is not consistent with the terms of your Plan.
Continue on page 6 to complete Section 8, 9 and 10

In general, you have a right to a period of at least 30 days to consider the decision of whether to elect a withdrawal from the day that you

**6** Waiver of Waiting Period

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Both John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York do business under certain instances using the John Hancock Retirement Plan Services name. Group annuity contracts and recordkeeping agreements are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Product features and availability may differ by state. Plan administrative services may be provided by John Hancock Retirement Plan Services LLC or a plan consultant selected by the Plan.

Section 8, 9 and 10 to be complet		· · · · · · · · · · · · · · · · · · ·				
8 Withdrawal Details - co	ontinue	ed				
IRS Distribution Code			6 11 - 11 - 14	6.1		
The applicable IRS distribution coc				-	rticipant.	
If the early distribution exception		•	•	•	hallo sali a sa a sa al alo a sa a a la la sali a sali a sa	15 -1
			_		tributions and the combination is v	
			or Disability), we wi	п арріу тіе аррі	icable age dependent loan distribut	ion code
Loans can be rolled into an Employ If the loan rollover code applies ch	-		be applied)			
• • • • • • • • • • • • • • • • • • • •	eck nere	e. 🗀 (Code G Will	ве аррпец)			
Vesting percentage(s)	nd total t	termination retireme	ant disability and to	tal carly/pro roti	iromont withdrawale	
Vesting is mandatory for partial ar The unvested money will be forfei						
For all other withdrawals vesting is			ii tile Lilipioyer Oliv	ested Money se	ection below.	
% for ALL Employer m						
OR	леу тур	Je3				
Vesting varies by money type as in	dicated	below				
	%		or ED Monov	%	Other ED Menov	%
Money Type	70	Out	er ER Money	70	Other ER Money	70
ER Match						
Profit Sharing						
Employer Unvested Money						
If no box is selected, plan informa	tion will ovided a	l be applied as previo and no box is selecte	usly provided to Joh d below, any unvest	n Hancock Reti	rement Plan Services. remain in the Participant's account	with
current investment instructions.	_					
☐ Transfer to Cash Account		$oxedsymbol{oxed}$ Pay outstanding Jo	hn Hancock Retirem	nent Plan Service	es Charges	
Refund to Plan Trustee		Leave in Participan	t account and trans	fer to default fu	ınd	
9 Third Party Administra	tor (TF	PA) Withdrawal	Fee			
\$	OR	%	John Hancock Re	etirement Plan S Imounts as a res	ervices is not responsible for any sult of insufficient funds.These sho	rtages
Flat Fee Amount	_	Percentage of	will be reported of	on the transacti	on and summary confirmations.	. tages
	l	Invested Balance	No Fee will be a	applied if this	section is not completed.	
10 Trustee/Authorized S	igner	Signature				
If the participant fails to sign Secti				and lowa have	been properly obtained, complete	ed in
5 of this form) the Trustee/Author					an and lowa law, and that any amo	
penalties of perjury, that based or name shown on this form is the le					ithholding described above accura g Certificate submitted by the Parti	
(ii) the number shown on this form	m is the o	correct taxpayer	I hereby o	-	cock Retirement Plan Services to pa	
identification number (Social Secu and, (iii) the participant is a U.S. p			Int; Third Part	ty Administrator	r currently on record the above refe	erenced
alien) unless indicated otherwise i	n Sectior	n 5 D. l <sup>*</sup> acknowledge	e that the partic		rstand that this fee will be deducted to balance at the time of the distribu	
John Hancock Retirement Plan Sei			ucing cta		val protocol, and will be held in the	
in determining the tax withholdin applicable to the requested distrib			pusitiess (		Hancock Retirement Plan Services	
John Hancock Retirement Plan Sei	rvices ha	armless for any errors			dministrator. I hereby represent tha the fee schedule that has been ap	
made in reliance upon this certific			by the pla	an's trustee or r	named fiduciary as reasonable and	proved
I certify that all the above informathe required Participant elections			Δ	d under the ter	•	
spousal consent for married partic			On benai		onsor, the Plan and its related trust	
IRC Sec. 417, have been properly	obtained	d, and that the funds	and hold		ed Fiduciary, I further agree to inde Hancock Retirement Plan Services,	
being withdrawn are not for the pass defined in IRC Sec. 4975. I also			LIIUIIS		tors, and officers from any liability,	
applicable information required to			ant penallies,		may be incurred as a result of the	
under IRC Sec. 417 and an explan	ation of	f the direct rollover o	ption requested		ving rise to one or more prohibited menting requests (including, if app	
and related tax rules required by I I also certify that, if applicable, (i)			a direct ro	ollover request)	based solely on the instructions pr	ovided
30-day waiting period; and (ii) the			on this ic		the certifications provided on this	form are
Pension or Annuity Payments (For			incorrect.			

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Name - please print

Signature of Trustee/Authorized Signer