

Withdrawal – Eligible for Rollover

A Guide to Withdrawing Money From Your Retirement Plan

Whether you're changing jobs or retiring or withdrawing for other reasons, leaving your employer means that you'll need to make a decision about what to do with the money in your 401(k) or other qualified retirement plan. This brief guide highlights the steps you can take today to help make the process easier and includes the necessary paperwork.

STEP 1: Call 1-888-695-4472

Our Rollover Education Specialists will walk you through the remaining steps or introduce you to your plan's financial representative. In as little as 5 minutes, you can be on your way!*

STEP 2: Review your distribution options.**

- **Stay in your existing plan**

You may be able to keep your money where it is today. Check with your plan administrator for rules that may be specific to your plan.

- **Roll over to an IRA (Individual Retirement Account)**

A rollover IRA is a type of IRA that is set up to receive distributions from a 401(k) or other qualified retirement plan. Once the rollover IRA account is opened at the financial institution of your choice and your qualified plan assets are transferred to it, you can invest your money in a variety of investment options at your discretion and according to your financial goals and tolerance for risk.

- **Take a cash distribution**

You can remove your money from your 401(k) plan and take it in cash. Generally speaking, you'll need to pay taxes and possible penalties when you take a cash distribution.

- **If you are terminating employment, move to a new employer's plan**

A new employer may allow you to transfer your qualified retirement plan assets to their plan. Check with the new employer's plan administrator for more information.

STEP 3: Give us your instructions.

Once you've made your decision on what to do with your retirement plan money, call 1-888-695-4472. A Rollover Education Specialist will help you with the paperwork and make the distribution process a smooth one.

Rollover Education Specialists are prepared to help answer any questions you might have or can introduce you to your plan's financial representative.

If you prefer to fill out the paperwork on your own or with the help of your professional advisor, please complete the attached Withdrawal Form. When you are done, return the form 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

* Distribution education and rollover services provided by John Hancock Retirement Income & Rollover Solutions, a division within John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York.

** 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.



RETIREMENT PLAN SERVICES

Withdrawal - Eligible for Rollover

Important information about this form

- As the participant, you complete page 1 and 2 of this form and return it to your Plan Representative.
- As the Plan Representative, you review page 1 and 2, and complete page 3 of this form.
- Your plan may require you to provide supporting documents or additional information before your request can be processed.
- A 1099R form will be issued by January 31 of the following year.

1 General Information

The Trustee of _____ **Plan (the "Plan")** _____

Contractholder Name _____ Contract Number _____

Participant Name (Last Name, First Name, Initial) _____ Participant Social Security Number _____

Participant Address - Street Address _____ Date of Birth _____
 Month Day Year

City, State, Zip Code _____

2 What is the reason for your withdrawal?

TE - Termination date _____
 Month Day Year

IR - Withdrawal of employee rollover only
 (Must complete Section 3)

DI - Disability

RE - Retirement date _____
 Month Day Year

VC - Employee Voluntary Money
 (Must complete Section 3)

PD - Pre-Retirement

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 www.jhpensions.com (in New York, www.jhnpensions.com).
 - 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 Sponsor.

3 How much do you want to withdraw?

For TOTAL withdrawals, proceed to Section 4.

A TOTAL withdrawal will be processed unless the section below is completed.

Withdraw only a portion of the funds in my plan as follows:

Tell us how much to withdraw from each eligible money type (Amount or percentage). Completing the Investment Fund Code is not mandatory. If the Investment Fund Code is left blank, John Hancock Retirement Plan Services' standard withdrawal order will be used.

Money Type (Mandatory)	Investment Fund Code (Optional)	\$	%	Amount or Percentage

4 What do you want to do with your money? - Complete either option A, B OR C

To split your withdrawal into multiple options, check here and complete a separate form for each option.

Federal law requires that 20% of the taxable amount of an eligible rollover distribution be withheld, unless payment is directly rolled over to an eligible retirement plan. The amount withheld may not represent your entire tax bill. The above mandatory tax withholding requirements do not apply if the eligible rollover distribution is being rolled over to a Roth IRA. The rollover will be reported to the IRS and you are responsible for the payment of the income tax(es) that apply in connection with the rollover. Please refer to the Special Tax Notice provided by your Plan Administrator regarding these tax rules. Contact your tax advisor or Plan Administrator if you have any questions.

A - Direct Rollover to John Hancock IRA (minimum \$2500 balance required)

OR

Other IRA

Financial Institution Name

Financial Institution Address

Options - Check one option only and provide IRA Account Number	<input checked="" type="checkbox"/>	IRA Account Number
1. All funds to my Traditional IRA Account (applicable only if your distribution contains only non-Roth funds)		
2. All funds to my Roth IRA (both Roth and non-Roth funds as applicable)		
3. Split of: (provide both account numbers)		
AND My non-Roth funds to my Traditional IRA		
My Roth funds to my Roth IRA		

B - Direct Rollover to Qualified Plan

The Trustee of

Plan Name

Financial Institution Name

Financial Institution Address

Plan Account Number

C - Payment directly to me

Federal Tax - The distribution is subject to 20% mandatory minimum federal tax withholding for a U.S. person (including a U.S. resident alien).

To request a higher tax rate, specify a whole number above 20%. _____ % (refer to DOL Field Assistance Bulletin 2004-02 for details)

OR I am not a U.S. person (including a U.S. resident alien). Unless I have attached a completed IRS Form W-8BEN, withholding federal tax of 30% will apply.

State Tax Withholding Instructions

State of _____ Enter state of residence at time of withdrawal if state tax withholding should be taken

Residence _____ for a state other than the state provided to us.

State of Residence

Options for State Tax Withholding

AR, DE, IA, KS, MA, MD, ME, NC, NE, OK, VA, VT,

You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.

CA, OR

You may opt out of the mandatory state withholding by checking here.

AL, CO, CT, DC, GA, HI, ID, IL, IN, KY, LA, MI, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WV, WI

You may elect voluntary state income tax withholding by providing a percentage or dollar amount to be applied for state tax withholding here. _____ % or \$ _____

5 How would you like the funds to be sent?

If you have selected a direct rollover to a John Hancock IRA you do not need to complete this section.

Electronic Fund Transfer - Mandatory for distribution amounts over \$50,000.

Direct Deposit - If this is a payment directly to me, my personal bank account is Checking OR Savings

OR

Wire - Verify with receiving bank if they accept wires and/or charge a fee.

To

OR Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

Check - Only available for distribution amounts less than \$50,000. (Allow 5 - 7 business days for postal service delivery.)

6 Participant Signature

If my withdrawal is made from Funds with the Guaranteed Income feature, I acknowledge that I have read and reviewed the Guaranteed Income feature brochure and fully understand the consequences and impact that my withdrawal will have on my Benefit Base and other benefits provided by this feature. I understand that a brief outline of the terms and conditions governing my withdrawal is also contained in the summary entitled "Important Information about the Guaranteed Income Feature" which can be found on the John Hancock Retirement Plan Services participant website or obtained from my Plan Administrator.

For participants under a contract issued by John Hancock Life Insurance Company of New York, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation. For all other states, civil penalties may apply.

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number (Social Security Number), and 2. I am a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 C.

Signature of Participant

Name

Date

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