



# ARA Withdrawal - Not Eligible for Rollover

## Section A - General Information - To be completed by Company Plan Representative or Third Party Administrator.

Contractholder Name (Trustee)	Contract Number
Participant Name (Last Name, First Name, Initial)	Social Security Number

## Section B - Reason for Withdrawal - To be completed by Company Plan Representative or Third Party Administrator.

For Hardship Withdrawals complete John Hancock USA form GP4597US.

- MD**  **Minimum Distribution** (After age 70 1/2)
- DE**  **Death** (If beneficiary is **not** the spouse.)

- QD**  **Qualified Domestic Relations Order** (If alternate payee is **not** the spouse.)
- IL**  **Loan** without John Hancock USA Recordkeeping
- IO**  **Other Withdrawal** - State reason below

## Section C - Total Withdrawal Details - To be completed by Company Plan Representative or Third Party Administrator.

Final Contribution for participant was/or will be for the pay period ending:

Month	Day	Year
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**Withdrawal will be processed after we receive the final contribution.**

IRS Distribution Code for this Withdrawal

Vesting percentage(s) for: Employer Match  %

Profit Sharing  %

Other ER Money  %

Other ER Money  %

Options for Employer Unvested Money (**Money will be left in participant's account, invested in accordance with current instructions on file with John Hancock USA, if no option is selected**):

- Transfer to Contract Cash Account for future allocation (Money will be credited to the Contract Cash Account)
- Use to pay outstanding John Hancock USA contract charges
- Leave as invested in participant's account until instructions are sent to John Hancock USA.
- Transfer unvested money from sub-accounts to the most conservative sub-account available under your contract?  Yes  No
- Refund to Plan Trustee for deposit in Plan's Trust Account

## Section D - Loan Data - To be completed by Company Plan Representative or Third Party Administrator.

Are there any outstanding loans from the account?  Yes  No If **Yes**, what is the IRS distribution code to be used for the 1099R on the loan default?

If an outstanding loan exists, the outstanding loan balance will be defaulted. Depending on the distribution code, it may be treated as a distribution, and may be subject to tax withholding unless a check for the outstanding balance is enclosed with this form.

## Section E - Partial Withdrawal Details - To be completed by Participant. Complete this section only if your request is to withdraw a portion of your account.

Amount of Partial Withdrawal \$  IRS Distribution Code for this Withdrawal

Please indicate the **Money Type** to be withdrawn and the amount. It is essential that you use the names that appear on the contract statements.

The **Investment Option** is not mandatory. If left blank, John Hancock USA's standard withdrawal order will be used. (Please refer to your Plan Administrator for details.)

Your Plan and the tax code may place restrictions on the money type that may be withdrawn. Check with your Plan Administrator to ensure that your withdrawal is processed from the correct money type. John Hancock USA relies on your instructions to process your withdrawal and is not responsible for determining or verifying the correctness of such instructions.

	Money Type (Mandatory)	Investment (Optional)	\$	%	Amount or Percentage
<b>Example</b>	EEDEF	MMF	✓		\$1000

## Employee After-tax Withdrawal Details - To be completed by Company Plan Representative or Third Party Administrator

For withdrawals of Employee after tax money, were any of the contributions made before 1987?

No  Yes - Total after-tax contributions made prior to 1987? \$

If **Yes**, is the taxable portion to be determined under IRS pro-rating rules as required by IRC Section 72?

Yes - If **Yes**, the distribution will include a pro-rated portion of earnings which will be taxable.

No - If **No**, what is the amount of pre-1987 contributions being withdrawn at this time? \$

**Section F - Payment Instructions - To be completed by Participant, Beneficiary or Trustee.**

- PA  Participant Directly - Complete Section 1 or 2 below
- BE  Beneficiary - Complete Section 1 or 2 below
- TR  Plan Trustee - Trustee is responsible for disbursement of funds and all tax withholding and reporting to the IRS.

**Method of Payment**

Please ensure that the appropriate information is completed for Section 1 or 2. (Please attach a separate page if you need additional space for Section 2.)

- Electronic Fund Transfer** - Complete Section 1. This option is recommended for ALL distributions for more timely access to your funds. Choose this option for distributions amounts over \$50,000.
- Check** - Complete Section 2. Allow 5-10 business days for mailing time. If address information is left blank in Section 2, the check will be issued with the Plan Sponsor's mailing address as it appears on our records.

**Section 1 - Electronic Fund Transfer**

Electronic Fund Transfer Information		Taxpayer Address for 1099R	
Bank Name		Social Security No. - If tax payer is different from name of payee.	
Bank Address - Number, Street		Name - First Name, Initial, Last Name	
City State Zip Code			
Bank ABA Number	Account Number	Address - Number, Street, Apt.	
Credit Party Name (must include participant name/alternate payee name)		City State Zip Code	
Attention/Re			

OR

**Section 2 - Check**

Payee to appear on check		Taxpayer Address for 1099R	
Percentage / Amount % \$ <input type="checkbox"/> <input type="checkbox"/>	Social Security No.	Social Security No. - If tax payer is different from name of payee.	
Name - First Name, Initial, Last Name or Name of Financial Institution or Name of Plan Trustee		Name - First Name, Initial, Last Name	
Address - Number, Street, Apt.		Address - Number, Street, Apt.	
City State Zip Code		City State Zip Code	

**Section G - Tax Withholding - To be completed by Participant or Beneficiary.**

**Federal**

Distributions that are taxable are subject to federal income tax withholding at the rate of 10% unless you elect not to have federal withholding apply. If you elect not to have withholding apply, or if you do not have enough federal income tax withheld from your payment, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **We will withhold 10% of the payment made to you, unless you elect otherwise below.** Contact your Plan Administrator, tax advisor or IRS if you have any questions concerning withholding.

Do you want federal income tax withheld from your payment?  Yes  No

If **Yes**, and you want an amount **in excess of 10%** withheld from your payment, please complete below.

Please withhold a total of  %  \$  % **OR** \$  from my distribution for federal income tax.

**State**

State of Residence

If you are a resident of **Iowa, Kansas, Maine, Massachusetts, Oklahoma, Vermont or Virginia** and you elected to have federal income tax withheld, then state income tax will be withheld from the taxable portion of your payment. If you are a resident of **California, North Carolina or Oregon**, state income tax will be withheld unless you check Box 1. Some of the other states allow voluntary tax withholding. Residents of those states that allow voluntary withholding may elect to have state income tax withheld from the taxable portion of your payment by checking Box 2 below and entering the dollar amount or percentage to be withheld. **Additional information can be obtained by contacting your state's Department of Revenue.**

1.  I do **NOT** want state income tax withheld.
2.  Please withhold  %  \$  \$ **OR**  % of federal income tax amount from my distribution for state income tax.  
**OR**  
 % of total taxable amount from my distribution for state income tax.

**Section H - Signatures**

**For your protection, state law, where applicable, requires the following sentence to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

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 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 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. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your income tax return.

**While you are waiting for your withdrawal to be processed, you have full access to your account through our toll-free service line or the participant Web site.**

Signed at	City	State	This	Day of	Year
<input type="text"/>				<input type="text"/>	
Signature of Participant / Beneficiary (If applicable)				Name	
<input type="text"/>				<input type="text"/>	

I certify that all the above information is correct, that the required Participant elections and consent and, if applicable, spousal consent for married participants as required by IRC Sec. 417, have been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975. I also certify that all necessary and applicable information required to be furnished to the Participant under IRC Sec. 417 has been provided. I also certify that, if applicable under the terms of the Plan, the Participant has waived the 30-day waiting period. On behalf of the Plan sponsor, I further agree to indemnify and hold harmless John Hancock USA, its employees, agents, directors, and officers from any liability, penalties, and taxes that may be incurred as a result of the requested distribution giving rise to one or more prohibited transactions or for implementing the instructions on this form.

Signed at	City	State	This	Day of	Year
<input type="text"/>				<input type="text"/>	
Signature of Authorized Plan Representative				Name	
<input type="text"/>				<input type="text"/>	

**Appendix**

**This Appendix is provided solely for the convenience of the Plan Administrator. None of the information provided in this Appendix shall be maintained or acted upon by John Hancock USA. This Appendix will be retained by the Plan Administrator and need not be submitted to John Hancock USA.**

**Section A**

Contractholder Name (Trustee)						Contract Number									
Participant Name (Last Name, First Name, Initial)						Social Security Number									
Address - Number, Street, Apt.				City		State		Zip Code		Phone No.					
Date of Birth	Month	Day	Year	Date of Hire	Month	Day	Year	Date of Termination/Retirement	Month	Day	Year	Hours worked Year-To-Date During the Plan Year	<input type="checkbox"/> Less than 500	<input type="checkbox"/> Between 500 - 1000	<input type="checkbox"/> Over 1000

**Section B - Waiver of Waiting Period**

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 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

**Section C - Spousal Consent**

**Spousal Consent - Complete for all account balances over \$5,000 or such lesser amount as applicable under your Plan if your plan is subject to the Joint and Survivor Annuity requirement. It is the responsibility of the Plan Administrator to determine if your Plan is subject to the Joint and Survivor Annuity requirement. John Hancock USA is not responsible for making such determination. For questions regarding your account balance, please contact your Plan Administrator. If applicable, complete either 1. or 2. below.**

**1.  Certification of No Spouse**

I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.

Executed this	Day of	Year	Signature of Participant
Name of Participant			

**2.  Certification of Spouse**

Before completing this section, please read carefully the information provided to you by your Plan Administrator or Third Party Administrator regarding the spouse's rights to the Joint and Survivor Annuity Payment form under the law and your Plan.

I,  Name of Participant's Spouse, am the spouse of  Name of Participant

I understand that I have the right to have  Name of Plan

pay my spouse's retirement benefits in the special Qualified Joint and Survivor Annuity ("QJSA") payment form and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the special QJSA payment form and I may receive nothing after my spouse dies. I also understand that I cannot revoke my agreement once given.

I agree that my spouse can receive this withdrawal of his or her retirement benefits under the Plan in the form of a lump sum. I understand that my spouse cannot choose a different form of payment unless I agree to the changes or unless the change is to the QJSA payment form.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily and I have read the information provided by the Plan Administrator (or the Third Party Administrator) with respect to my rights to the QJSA payment form under the Plan.

I understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the special QJSA payment form.

Signed at	City	State	This	Day of	Year
Signature of Spouse - <b>Must be Witnessed by a Notary Public or Plan Administrator</b>					

The spouse whose signature is above and who is personally known to me to be such spouse, or provided to me on the basis of satisfactory evidence that he or she is such spouse has affirmed such signature in my presence as his or her free and voluntary act.

Executed under my hand and notarial seal

Signed at	City	State	This	Day of	Year
Signature of Notary Public				Address	
State of				County of	
Date the commission of the Notary Public expires					

**OR**

Signed at	City	State	This	Day of	Year
Signature of Plan Administrator				Name of Plan Administrator	