



## Instructions on completing Total Withdrawal - Eligible for Rollover (Short Version)

- Use this short form only for total withdrawals that do not contain Roth 401(k) money. For all other distributions complete the applicable Withdrawal form.

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### Participant Instructions for completing page 1

#### Section A - General Information

Complete plan name, contract number, participant's name, social security number, address and date of birth.

#### Payment Instructions - Complete either Section B (for Direct Rollover) or Section C (to Participant Directly).

##### Section B - Payment Instructions for Direct Rollover

If your distribution is an eligible rollover distribution and you request it to be directly rolled over to an IRA or your new Employer's 401(a), 403(b) or governmental 457 plan no federal or state income tax will be withheld. A 1099R form will be issued. For direct rollover to a Qualified Plan, the name of the plan and if applicable, the account number must be indicated on page 1. All check payment instructions for Direct Rollovers to a Qualified Plan should be payable to Trustees of New Plan, or Financial Institution who will be custodian of funds, on behalf of qualified plan. For a direct rollover to an IRA, you should provide your IRA account number on page 1. Direct Rollovers to an IRA should be payable to Financial Institution who will be the custodian of funds. If the rollover distribution includes after tax money, the taxable portion can only be made to a qualified defined contribution plan or an IRA.

##### Section C - Payment Instructions to Participant Directly

If you request any portion of a distribution that is an eligible rollover distribution to be directly paid to you, 20% mandatory federal income tax withholding will apply on distributions over \$200.00 plus applicable state taxes. A 1099R form will be issued. The check can only be made payable to the participant.

##### Federal Tax

Distributions of taxable contributions plus earnings on all contributions are subject to federal income tax. Federal law requires that 20% of the taxable amount of an eligible rollover distribution be withheld, unless payment is directly rolled over to another Section 401(a) qualified plan, Section 403(b) Plan, Governmental Section 457 Plan, or IRA. The amount withheld may not represent your entire tax bill. Please refer to the information provided by your Plan Administrator regarding these tax rules. Contact your tax advisor or IRS if you have any questions concerning withholding or these tax rules.

##### State Tax Withholding

Enter state of residence at time of withdrawal, if state tax withholding should be taken for a state other than the one indicated in the Participant address. **NOTE:** If the field is not completed, it will default to state listed in Participant address.

State income tax will be withheld from the taxable portion of your payment if you are a resident of **Arkansas, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Vermont or Virginia**. If you are a resident of **California or Oregon**, state income tax will be withheld unless you check Box 1. Some 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 and entering the dollar amount or percentage to be withheld.

**Additional information can be obtained by contacting your state's Department of Revenue.**

##### Method of Payment

- Electronic Fund Transfer This option is recommended for ALL distributions for more timely access to your funds. Choose this option for distributions amounts over \$50,000. If ACH is selected, your bank requires you to indicate whether this is a checking or savings account. Provide your bank's name, complete address, ABA routing number (verify with bank) and your bank account number. We will not deposit to a third party account.
- Check Allow 5 - 10 business days for mailing.

##### Section D - Participant Signature

Ensure that the appropriate signature is on the form.

**You have full access to your account through the participant Website - [www.jhpensions.com](http://www.jhpensions.com) or our toll-free service line 1 800 395-1113, while you are waiting for your withdrawal to be processed.**

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### Authorized Plan Representative Instructions for completing page 2

#### Section E - Withdrawal Details

Select either termination or retirement and input date when it occurred.

Enter date of final pay period for which contributions were withheld from participant's pay. The withdrawal will be processed after receipt of this final contribution.

Select the appropriate IRS distribution code. If an outstanding loan exists, the outstanding loan balance will be defaulted and may be treated as a distribution and subject to tax depending on distribution code chosen. You may want to contact your TPA for proper code to use.

Enter Vesting Percentages for employer money and select an option for any applicable unvested money.

#### Section F - Third Party Administrator (TPA) Withdrawal Fee - Based on TPA fee schedule approved by the Plan's Trustee or Named Fiduciary.

The Fee will be deducted first using standard protocol from the participant's account balance at the time of withdrawal and will be paid to the TPA currently on record with John Hancock USA. John Hancock USA is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on the transaction and summary confirmations.

#### Section G - Authorized Plan Representative Signature

Ensure that the appropriate signature is on the form. Any changes to information provided on this form require proper authorization.

If Section D - Participant's Signature has been obtained separately, certification will be provided under the Authorized Plan Representative signature section.



# Total Withdrawal - Eligible for Rollover (Short Version)

- To complete this form, please read the instruction page attached to this form.
- Participant completes page 1 of this form.
- Plan Representative reviews page 1 and completes page 2 of this form.

## Section A - General Information

Plan Name		Contract Number		
Participant Name (Last Name, First Name, Initial)		Social Security Number		
Participant Address (Mandatory for 1099R) - Number, Street, Apt., City, State, Zip Code		Date of Birth	Month	Day
				Year

## Payment Instructions - Complete either Section B (for Direct Rollover) or Section C (to Participant Directly).

### Section B - Payment Instructions for Direct Rollover

Qualified Plan Trustee of \_\_\_\_\_ Plan Account No. \_\_\_\_\_

OR

IRA (described in IRC Section 408.) Account No. \_\_\_\_\_

Method of Payment:  Electronic Fund Transfer - Complete Section 1.

Check - Payable to Institution - Complete Section 2.

### Section 1 - Electronic Fund Transfer Information

Wire or  ACH

Bank Name \_\_\_\_\_

Bank ABA Number \_\_\_\_\_

Bank Address - Number, Street, City, State, Zip Code \_\_\_\_\_

Financial Institution, if different from Bank listed above \_\_\_\_\_

Bank Account Number \_\_\_\_\_

### Section 2 - Check Information

Name of Institution to appear on check \_\_\_\_\_

Street Address - Number, Street, Apt., City, State, Zip Code \_\_\_\_\_

### Section C - Payment Instructions to Participant Directly

Method of Payment:  Electronic Fund Transfer - Complete Section 1.

Check - Payable to Participant - Complete Section 2.

### Section 1 - Electronic Fund Transfer Information

Wire or  ACH If ACH, select account type:  Checking or  Savings

Bank Name \_\_\_\_\_

Bank ABA Number \_\_\_\_\_

Bank Address - Number, Street, City, State, Zip Code \_\_\_\_\_

Bank Account Number \_\_\_\_\_

### Section 2 - Check Information

Address if different from participant address listed above - Number, Street, Apt., City, State, Zip Code \_\_\_\_\_

## State Tax Withholding

State of Residence \_\_\_\_\_

1.  Do not withhold

2.  Withhold \$ \_\_\_\_\_ or \_\_\_\_\_ % of federal income tax amount or \_\_\_\_\_ % of total taxable amount.

## Section D - Participant Signature

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

Signature of Participant \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**Section E - Withdrawal Details**

TE  Termination 

Month	Day	Year
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 RE  Retirement 

Month	Day	Year
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Final Contribution 

Month	Day	Year
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Distribution Code - More than one box may be chosen.

1- Early Distribution  
 2- Early Distribution (Exception)  
 7 - Normal Distribution  
 G - Direct Rollover to another Qualified Plan  
 Code 

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 Default Loan (Code dependent on age)

**Vesting percentage(s)**

The following money types will be 100% vested unless otherwise indicated below: QMAC, QNEC, SHMAC and SHNEC. For all other employer money types, indicate the vesting percentage(s) below.

ER Match 

	%
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 Other ER Money 

	%
--	---

  
Profit Sharing 

	%
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 Other ER Money 

	%
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**Employer Unvested Money** If no box is selected, money will remain in Participant's account with current investment instructions.

Transfer to Cash Account     Refund to Plan Trustee     Pay outstanding John Hancock USA Charges     Leave in Participant account and move to most conservative sub-account available in contract

**Section F - Third Party Administrator (TPA) Withdrawal Fee**

Flat Fee Amount 

\$
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 No Fee will be applied if this section is not completed.

**Section G - Authorized Plan Representative Signature**

If the participant fails to sign Section D - Participant Signature (page 1 of this form), the authorized Plan representative below certifies, under penalties of perjury, that based on the plan sponsor's record, the number shown on this form is the correct taxpayer identification number (Social Security Number) of the participant and that the participant is a U.S. person (including a U.S. resident alien).

I certify that all the above information is complete and 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 and an explanation of the direct rollover option and related tax rules required by IRC Sec. 402 have been provided. I hereby direct John Hancock USA to pay to the Third Party Administrator the above referenced fee, which will be deducted from the participant's account at the time of the distribution. I understand and agree that these fees will be deducted and held in John Hancock USA's general business account until paid to the Third Party Administrator. I hereby represent that this fee is in accordance with the fee schedule that has been approved by the plan's trustee or named fiduciary, is authorized under the terms of the plan and that the plan's trustee or named fiduciary has determined that the fee requested is reasonable. 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, the Plan and its related trust, 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 requests (including, if applicable, a direct rollover request) based solely on the instructions provided on this form, or if any of the certifications provided on this form are incorrect.

Signature of Authorized Plan Representative 

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 Name 

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 Date 

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