



ARA Withdrawal - 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.

TE <input type="checkbox"/> Termination of Employment on As defined by contract RE <input type="checkbox"/> Retirement PD <input type="checkbox"/> Pre-Retirement DI <input type="checkbox"/> Disability DE <input type="checkbox"/> Death (If beneficiary is the spouse.)	<table border="1"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td>Month</td><td>Day</td><td>Year</td></tr> </table>	Month	Day	Year	Month	Day	Year	QD <input type="checkbox"/> Qualified Domestic Relations Order (If alternate payee is the spouse.) VC <input type="checkbox"/> Withdrawal of Employee Voluntary Money IR <input type="checkbox"/> Withdrawal of Rollover Money IO <input type="checkbox"/> Other Withdrawal - State reason below	<input type="text"/>
Month	Day	Year							
Month	Day	Year							

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 % Other ER Money %
 Profit Sharing % 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 Money Market Fund 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 \$

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
Example	ERMAT	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

RO Tax deferred direct rollover with John Hancock USA - **Complete Section 2 below.**

TO Withdrawal will be completed when the John Hancock USA IRA has been established. Please call 1 800 395-1113 if you require further information. Availability of this option is subject to verification. Note: To be eligible for this option, your eligible direct rollover amount from a qualified 401(a) plan must exceed \$5,000. Funds will be transferred directly, no check will be issued.

Participant's daytime phone number A John Hancock USA Representative will call you.

FI Direct rollover to another Section 401(a) Qualified Plan, Section 403(b) Plan or Governmental Section 457 Plan. - Account No. and Name of Plan **Complete Section 1 or 3 and Section 2 below.**

OR

Rollover IRA - Account No. **Complete Section 1 or 3 and Section 2 below.**

If the rollover distribution includes after tax money, the after-tax portion can only be made to a qualified defined contribution plan or an IRA.

NC No Check, leave money in Contract as currently invested

TR Plan Trustee - *Trustee is responsible for disbursement of funds and all tax withholding and reporting to the IRS.*

PA Participant Directly - **Complete Section 1 or 3 and Section 2 below.** (Subject to mandatory Federal taxes and, if applicable, state taxes. Complete Section G on page 3.)

BE Beneficiary - **Complete Section 1 or 3 and Section 2 below.**

Check Information

Please ensure that the appropriate information is completed for **Section 1 or 3 and Section 2.** (Please attach a separate page if you need additional space for Section 1.)

If address information is left blank in Section 1, the check will be issued with the Plan Sponsor's mailing address as it appears on our records.

Section 1			Section 2		
Payee - To appear on check	Percentage / Amount		Taxpayer Address for 1099R	Social Security No. - If tax payer is different from payee named in Section 1.	
	%	\$			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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

OR

Section 3 - Wire Information

Bank Name
Bank Address - Number, Street, City, State, Zip Code
Bank ABA Number
Account Number
Attention/Re

Section G - Tax Withholding - To be completed by Participant.

Federal

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 the 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 and check the appropriate box below. Contact your tax advisor or IRS if you have any questions concerning withholding or these tax rules.

1. I have read the information provided and elect to receive a **full distribution of my benefit**. I understand that the **taxable** portion of my payment is subject to a 20% federal income tax withholding. Note: Taxes will not be withheld for amounts under \$200.
2. I have read the information provided and elect to make a direct rollover to a qualified account of the entire amount of my benefit, including all after-tax contributions, if any. See payment instructions above. I understand that no federal income tax will be withheld from my payment.
3. I have read the information provided and elect to receive all my after-tax contributions, and to make a direct rollover of the **taxable** portion of my payment to a qualified account. See payment instructions above. I do **not** want federal income tax withheld from my payment.

State

State of Residence

If you elected Box 1 above (and federal income tax was withheld), then state income tax will be withheld from the taxable portion of your payment if you are a resident of **Delaware, Iowa, Kansas, Maine, Massachusetts, 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, below. 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 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
Signature of Participant / Beneficiary (If applicable)				Name	

I certify that all the above information is correct, that all Participant elections and spousal consent, if applicable, for married participants with account balances over \$5,000 (or such lesser amount as the Plan permits in accordance with IRC Section 401(a)(11)(A)), 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 the IRC Sec. 4975. I also certify that all necessary information, if applicable, 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 Section 402(f) has been provided. I also certify that, where applicable under the IRC, the participant has waived the 30 day waiting period.

Signed at	City	State	This	Day of	Year
Signature of Authorized Plan Representative				Name	

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 - Must be Witnessed by a Notary Public or Plan Administrator					

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	