



RETIREMENT PLAN SERVICES

Loan Request

Important information about this form

- As the participant, you complete Sections 1, 2 and 3 of this form and return it to your Plan Representative.
- As the Plan Representative, you review Sections 1 - 3, and complete Sections 4 - 8 of this form.
- Fax the completed form to our toll free number **1-866-377-9577**
- Your plan may require you to provide supporting documents or additional information before your request can be processed.

1 General Information

The Trustee of _____ **Plan** _____
 Contractholder Name (Name of Employer) Contract Number

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

Participant Address - Street Address _____

City, State, Zip Code _____

2 Payment Instructions to Participant Directly

Electronic Fund Transfer

Direct Deposit - 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 (Allow 5 - 7 business days for postal service delivery.)

3 Participant Signature

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.

Signature of Participant _____ Name _____ Date _____

4 New Loan Request

Total Amount of Loan \$ _____ Loan Maturity Date _____ Loan Interest Rate _____ %
 Month Day Year

5 Refinance Existing Loan Request

Amount of Increase to Existing Loan \$ _____ Existing Loan No(s). _____

Your amortization schedule should equal the amount of increase to existing loan plus the existing loan amount.

Loan Maturity Date _____ Loan Interest Rate _____ %
 Month Day Year

6 Loan Withdrawal Order - Optional

John Hancock Retirement Plan Services' Standard Loan Withdrawal Order will be used unless completed below.

The total amount listed in this section must equal the **Total Amount of Loan** indicated in Section 4

OR the total **Refinanced Loan** balance (Existing Loans **PLUS** Increase to Existing Loans) in Section 5.

Money Types to be used.

Amount	Money Type (Mandatory)	Investment Fund Code (For approved Contracts only)
\$		
\$		
\$		

7 Third Party Administrator (TPA) Loan Issue Fee

A standing loan fee established by the Trustee may apply if this section is blank. Indicate a specified amount if you wish to override the standing loan fee. If the Waive Fee option is selected, no fee will be applied, including the standing loan fee. The fee will be deducted from the Participant's account after the loan amount has been removed using John Hancock Retirement Plan Services' standard protocol and will be paid to the TPA currently on record with John Hancock Retirement Plan Services. John Hancock Retirement Plan Services 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.

Waive Fee **OR** Loan Issue Fee \$ _____ will be applied.

8 Authorized Plan Representative Signature

I hereby certify that the requested loan is not a taxable or a deemed distribution under the Internal Revenue Code, and that the loan complies with the plan document and all pertinent laws. I certify also that spousal consent (as required by Internal Revenue Code Section 417), if applicable, has been properly obtained and that the loan is not a prohibited transaction as defined in the Internal Revenue Code Section 4975 or under the Employee Retirement Income Security Act.

I hereby direct John Hancock Retirement Plan Services to pay to the Third Party Administrator currently on record the above referenced fee (if applicable). I understand that this fee will be deducted from the participant's account balance at the time of the distribution using standard withdrawal protocol, and will be held in the general business account of John Hancock Retirement Plan Services 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 as reasonable and authorized under the terms of the plan.

On behalf of the Plan sponsor, the Plan and its related trust, and the Plan Trustee or named Fiduciary, I further agree to indemnify and hold harmless John Hancock Retirement Plan Services, 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

Name

Date

Important Information about Loans

- It is the responsibility of the plan administrator to ensure that:
 - participant loan qualification requirements are met (according to the plan document);
 - each granted loan meets the tax law requirements and is not treated as a distribution;
 - if the participant named above has more than one outstanding loan or the loan requested on this form is used to refinance an outstanding loan, the loans collectively, as well as each of the prior loan and the additional loan, meet the applicable tax law requirements and are not treated as distributions under the participant's plan;
 - any restriction that the plan may have on the number of outstanding loans that a participant may have at any one time is complied with
 - each plan loan is not a prohibited transaction;
 - John Hancock Retirement Plan Services will be notified if and when a loan is deemed to be a distribution for tax purposes.
John Hancock Retirement Plan Services is not responsible for preparing and filing any tax reporting until and unless such notification has been provided by the plan administrator, and if such service is available under your contract.
- When John Hancock Retirement Plan Services receives a payment, we will reduce the Loan Account balance by the amount of the repayment. Loan repayments will be applied first to interest owing on the loan, and then to the principal. All loan repayments must be remitted through your plan trustee. Please do not send personal checks directly to John Hancock Retirement Plan Services.
- This loan request does not constitute a promissory note or loan agreement.

Loan Application

Instructions:

Complete Section 1 and Section 2 (if applicable) and submit to Plan Administrator along with John Hancock Loan Request Form.

SECTION 1 - REPAYMENT SCHEDULE

Length of Loan (if longer than 60 months, the purpose of the loan must be to acquire your principal residence)

1 Year 2 Years 3 Years 4 Years 5 Years Other: _____

Employee Pay Cycle

Monthly Twice Per Month Every Two Weeks Weekly
(12 Pay Periods Per Year) (24 Pay Periods Per Year) (26 Pay Periods Per Year) (52 Pay Periods Per Year)

Next Pay Date: _____

SECTION 2 - SPOUSAL CONSENT

Required if loan amount is greater than \$5,000 and plan allows for Qualified Joint & Survivor Annuity distribution option.

I, _____, spouse of the Participant hereby consent to the waiver of the Qualified Annuity Benefit and to the timing and form of distribution elected on this form. I have received a written explanation of the Qualified Annuity Benefit, my right not to consent to this waiver election, the waiver election period, and the financial effect of the election not to receive benefits in the Qualified Annuity Benefit form. I understand my consent is irrevocable unless my spouse revokes the waiver election. I understand any change in this form of benefit election is subject to my consent, unless my spouse elects to receive the Qualified Annuity Benefit.

Signature of Spouse

Date

Must be witnessed in the presence of:

Notary Public or Plan Administrator

Date