



Instructions for completing Termination and Retirement Withdrawal - Eligible for Rollover

- Use this form for termination and retirement withdrawals.
For all other distributions complete the applicable Withdrawal form.

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. 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 to speak to a Client Account Representative.
- Participants who are interested in establishing a John Hancock Funds IRA/Roth IRA may obtain information about the IRA/Roth IRA, including a description of the investment options available and the applicable fees, by logging onto www.JHRollover.com or by calling 1-888-695-4472.
- Participants should also review their plan's Summary Plan Description (SPD) which may contain special provisions that may materially affect their decision to defer a distribution. For a copy of the SPD, please contact your Plan Sponsor.

Participant Instructions for completing page 1

Section A - General Information

Complete contractholder 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 and Section D (to Participant Directly).

A total withdrawal will be processed unless a specific amount is entered.

Section B - Payment Instructions for Direct Rollover

John Hancock Funds IRA/Roth IRA - To rollover to a new John Hancock Funds IRA and/or Roth IRA please call the Retirement Income and Rollover Solutions Call Center at 1-888-MY-JH-IRA (1-888-695-4472). Rollovers into your John Hancock Funds IRA and/or Roth IRA will be sent via electronic funds transfer and must satisfy minimum initial investment requirements. For more information, please contact us at 1-888-MY-JH-IRA (1-888-695-4472) or visit www.JHRollover.com.

IRA/Roth IRA - The IRA account number must be provided. If the rollover distribution includes Roth 401(k) money that portion must be rolled over to a Section 401(a) plan that accepts Roth rollover contributions or to a Roth IRA. If more than one recipient plan or account are to receive the rollover, **provide an additional copy of page 1 with payment instructions.**

Qualified Plan - This includes direct rollover to another Section 401(a) plan, to a plan described in IRC Section 403(b) or to a governmental plan described in IRC Section 457(b). The name of the plan and if applicable, the account number must be indicated on page 1.

Method of Payment - Complete the applicable selection under Section 1 or Section 2.

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 disbursement can only be made payable to the participant.

Method of Payment - Complete the applicable selection under Section 1 or Section 2.

Section 1 - 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.

We will not deposit into a third party account.

Direct Deposit 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.

Wire Provide your bank's name, complete address, ABA routing number (verify with bank) and your bank account number.

NOTE: The receiving bank may not accept wires or may charge a fee to accept the incoming wire, contact your bank if you have any questions.

Section 2 - Check - Allow 5 - 10 business days for mailing.

Section D - Tax Withholding

Federal Tax Withholding

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 in Section A.

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. If the amount or percentage indicated is less than the state tax minimum, the minimum will be withheld.

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

Section E - Participant Signature

Ensure that the appropriate signature is on the form.

Your plan may require you to provide supporting documents or additional information before your request can be processed. Contact your plan administrator.

You have full access to your account through the participant Website - 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 F - 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. Roth distribution code must be used in conjunction with another 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.

For **Partial withdrawals only**, indicate the money type to be withdrawn and the amount. It is essential that you use the names that appear on the contract statements. Completing the investment option is not mandatory. If left blank, John Hancock USA's standard withdrawal order will be used.

Complete Employee After Tax Details if applicable.

If the distribution is payable to the plan trustee, John Hancock USA will issue the distribution without withholding any taxes. A 1099R Form **will not** be generated by John Hancock USA.

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



Termination and Retirement Withdrawal - Eligible for Rollover

- 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

Contractholder Name (Employer Name) The Trustees of		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 and Section D (to Participant Directly).

A total withdrawal will be processed unless a specific amount is entered.

\$

Section B - Payment Instructions for Direct Rollover - Read important information on instruction page.

IRA (described in IRC Section 408)	<input type="checkbox"/> John Hancock Funds IRA	Account No.	and/or	<input type="checkbox"/> John Hancock Funds Roth IRA	Account No.
	<input type="checkbox"/> IRA	Account No.	and/or	<input type="checkbox"/> Roth IRA	Account No.

OR

Qualified Plan : **The Trustees of** **Plan**

Section 1 - Electronic Fund Transfer Information

Direct Deposit

OR

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

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 - For distribution amounts over \$50,000, use electronic fund transfer.

Name of Institution to appear on check
Street Address - Number, Street, Apt., City, State, Zip Code

Section C - Payment Instructions to Participant Directly

Section 1 - Electronic Fund Transfer Information

Direct Deposit to my (select one) Checking or Savings Account

OR

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

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

Section 2 - Check Information - For distribution amounts over \$50,000, use electronic fund transfer.

Address if different from participant address listed above - Number, Street, Apt., City, State, Zip Code
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Section D - State Tax Withholding

State of Residence

1. Do not withhold

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

Section E - 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
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Participant Name (Last Name, First Name, Initial)	Social Security Number
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Section F - Withdrawal Details

<input type="checkbox"/> TE - Termination	Month	Day	Year	<input type="checkbox"/> 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

B - Also check here if the distribution includes Roth 401 (k) contributions

G - Direct Rollover to another Qualified Plan

Code 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	%	Other ER Money	%
Profit Sharing	%	Other ER Money	%

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 transfer to default fund

Complete the following for Partial withdrawals only

Partial	\$ <input style="width: 100%;" type="text"/>	Money Type (Mandatory)	Investment Option (Optional)	\$	%	Amount or Percentage

Employee After-tax Withdrawal Details

For withdrawal of Employee after tax money, were any of the contributions made before 1987?
 No Yes \$

Is the taxable portion to be determined under IRS pro-rating rules as required by IRC Section 72?

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

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

Section G - Third Party Administrator (TPA) Withdrawal Fee

Flat Fee Amount	OR	Percentage of Invested Balance	No Fee will be applied if this section is not complete.
\$ <input style="width: 100%;" type="text"/>		%	

Section H - Authorized Plan Representative Signature

If the participant fails to sign Section E - 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, and the Plan Trustee or named Fiduciary, 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	Name	Date

Vesting Verification

Use this worksheet when assisting a participant in completing a withdrawal form.

Please complete the information below to help determine the employee's vested portion of the employer money contributed to his/her account.

Termination Date: _____

Years and Hours Worked:

Start with the most recent year worked and work backwards.

Year: _____ Hours: _____

Year: _____ Hours: _____

Year: _____ Hours: _____

Year: _____ Hours: _____

Year: _____ Hours: _____

Year: _____ Hours: _____

Year: _____ Hours: _____

Notes: _____

