



Instructions for completing Hardship Withdrawal

- Use this form for hardship withdrawals.
For Eligible for Rollover distributions complete the applicable Withdrawal form.

Participant Instructions for completing page 1

Section A - General Information

Complete contractholder name, contract number, participant's name, social security number (full 9-digits), address and date of birth.

Section B - Payment Instructions

A 1099R form will be issued. The disbursement can only be made payable to the participant.

Method of Payment - Complete the applicable selection under Option 1 **OR** Option 2.

Option 1 - Electronic Fund Transfer

This option is recommended for ALL distributions for more timely and secure access to your funds. You must select this option for distribution 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.

Option 2 - Check - Only available for distribution amount less than \$50,000. Allow 5 - 10 business days for mailing.

Section C - Tax Withholding

Federal Tax Withholding

Your withdrawal, if more than \$200.00, is taxable and is subject to Federal income tax withholding at the rate of 10% unless you elect not to have withholding apply. Withholding will only apply to the portion of your withdrawal that is included in your income subject to Federal income tax. You may elect not to have withholding apply to your withdrawal payment by checking the box under Federal Tax Withholding in Section C. If you do not check this box, Federal income tax at the rate of 10% will be withheld from the taxable portion of your withdrawal. 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 the estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

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.

For residents of **Pennsylvania**, state tax is voluntary, and a dollar amount only should be indicated - if a percentage withholding is requested it will be calculated based on the taxable amount in our records, which may exceed the actual taxable amount.

For residents of **Massachusetts**, John Hancock Retirement Plan Services will withhold state income tax based on the taxable amount in our records, which may exceed the actual taxable amount if you are a partner or owner of a sole proprietorship. To determine how these rules may affect you, please consult your tax advisor.

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

Section D - Participant Signature

Ensure that the appropriate signature is on the form.

If you are not a U.S. person (including a U.S. resident alien), and you receive certain types of income from U.S. services, you must provide Form W-8BEN to John Hancock Retirement Plan Services to:

- Establish that you are not a U.S. person
- Claim that you are the beneficial owner of the income for which Form W-8BEN is being provided or a partner in partnership subject to section 1446; and
- If applicable, claim a reduced rate of, or exemption from, withholding as a resident of a foreign country with which the United States has an income tax treaty

For a copy of this form, visit www.IRS.GOV or contact your Plan Administrator.

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 or our toll-free service line 1-800-395-1113, while you are waiting for your withdrawal to be processed.

Section E - Withdrawal Details

If you fail to provide withdrawal details including the distribution code, the money types and/or amounts to be withdrawn, we will contact you or your Third Party Administrator on record for the missing information.

Distribution Code - Select the appropriate IRS distribution code. Code B will be included with the code indicated in Section E if the distribution includes Designated Roth contributions and the combination is valid. You may want to contact your TPA for proper code to use.

Elective Deferrals (excluding Designated Roth money types) – Choose either maximum amount available or indicate a specific amount. If you are selecting a specific amount, indicate the investment option and applicable amount for each option.

All Other Money Types – Indicate the money type to be withdrawn and the amount. It is essential that you use the names that appear on the contract statement. Completing the investment option is not mandatory. If left blank, John Hancock Retirement Plan Services' standard withdrawal order will be used.

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

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.



Hardship Withdrawal

- To complete this form, please read the instruction page attached to this form.
- Participant completes page 1 of this form.
- If you fail to provide withdrawal details including the distribution code and/or money type breakdown, we will contact you or your Third Party Administrator on record for the missing information.
- Plan Representative reviews page 1 and completes page 2 of this form.

Section A - General Information

Contractholder Name The Trustees of		Contract Number	
Participant Name (Last Name, First Name, Initial)		Social Security Number (full 9-digits)	
Participant Address (Mandatory for 1099R) - Number, Street, Apt., City, State, Zip Code		Date of Birth	Month Day Year

Section B - Payment Instructions

Option 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/Routing Number (9-digits)

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

Bank Account Number

OR

Option 2 - Check Information - Only available for distribution amounts less than \$50,000.

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

Section C - Tax Withholding

Federal Tax Withholding

Withdrawal, if more than \$200.00, is taxable and is subject to Federal income tax withholding at the rate of 10%. If you do not want any Federal tax withheld from your withdrawal, check the box below. Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

I do not want to have Federal income tax withheld from my withdrawal.

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 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.

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).

OR I am not a U.S. person (including a U.S. resident alien), and I have completed and attached a completed IRS Form W-8BEN.

Signature of Participant	Name	Date
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Participant Name (Last Name, First Name, Initial)	Social Security Number (full 9-digits)
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Section E - Withdrawal Details

Distribution Code - More than one box may be chosen.

- 1 - Early Distribution
- 2 - Early Distribution (Exception)
- 7 - Normal Distribution

Code B will be included with the code indicated above if the distribution includes Designated Roth contributions and the combination is valid.

Elective Deferrals (excluding Roth) - Select only one option.

Maximum

OR

Amount \$

Investment Option	Amount (dollar amount only)
	\$
	\$
	\$

All Other Money Types

Amount \$

Money Type (MANDATORY)	Investment Option (Optional)	Amount (dollar amount only)
		\$
		\$
		\$

Section F - Third Party Administrator (TPA) Withdrawal Fee

Flat Fee Amount \$ <input style="width:100px;" type="text"/>	OR	Percentage of Invested Balance <input style="width:100px;" type="text"/> %
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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, (i) 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); (ii) If the participant is not a U.S. person (including a U.S. resident alien), you must provide to John Hancock Retirement Plan Services an IRS Form W-8BEN duly completed and signed by the participant; and (iii) if the box in section C has been checked, the participant has elected not to have federal tax withheld from the requested withdrawal.

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. I hereby direct John Hancock Retirement Plan Services 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 Retirement Plan Services' 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 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 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
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