



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 (in New York, www.jhnpensions.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 (full 9-digits), 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

A Traditional IRA cannot accept Roth money.

A Roth IRA can accept both Roth and non-Roth money.

- If a Traditional IRA account number and a Roth IRA account number are provided, non-Roth money will be sent to the Traditional IRA and Roth money will be sent to the Roth IRA account.
- If only the Roth IRA account number is provided, it will be assumed that all assets requested for withdrawal include non-Roth money and are payable to the indicated Roth IRA account. John Hancock Retirement Plan Services is not responsible for determining whether the participant is eligible for a rollover to a Roth IRA. The participant should consider their adjusted gross income to determine eligibility.

Rollover to John Hancock Funds IRA/Roth IRA - To rollover to a new John Hancock Funds IRA and/or Roth IRA enter the account number. If you do not have an account, call the Retirement Income and Rollover Solutions Call Center at 1-888-MY-JH-IRA (1-888-695-4472) to open an account. Rollovers into your John Hancock Funds IRA and/or Roth IRA will be sent via electronic fund transfer and must satisfy minimum initial investment requirements. For more information, please contact 1-888-MY-JH-IRA (1-888-695-4472) or visit www.JHRollover.com.

Rollover to other IRA - The IRA account number and name of Financial Institution 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.

Rollover to a 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.

If more than one recipient plan or multiple Financial Institutions are to receive the rollover, complete the Withdrawal Form - Eligible for Rollover.

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 Option 1 or Option 2.

Option 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.

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

Participant Instructions for completing page 1 (continued)

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. The above mandatory tax withholding requirements also do not apply if the eligible rollover distribution is being rolled over to a Roth IRA. The rollover will be reported to the IRS and you are responsible for the payment of the income tax(es) that apply in connection with the rollover. 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.

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 E - 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 the Form W-8BEN, 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.

Authorized Plan Representative Instructions for completing page 2

Section F - Withdrawal Details

If you fail to provide withdrawal details including the reason for withdrawal, the distribution code, vesting information and/or money type breakdown, we will contact you or your Third Party Administrator on record for the missing information.

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

Enter final payroll ending date for which contributions were withheld from participant's pay. The withdrawal will be processed after receipt of this final contribution. If left blank, and a contribution has not been made in the last 30 days, the distribution will be processed as of the date the form is received in good order.

Distribution Code - Select the appropriate IRS distribution code. Code B will be included with the code indicated in Section F if the distribution includes Designated Roth contributions and the combination is valid. 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.

Vesting Percentages - Enter vesting percentages for employer money and select an option for any applicable unvested money. If you have provided plan design information and indicated that a money type is 100% vested, that money type will be considered 100% vested unless otherwise indicated on page 2 of the form. For all other employer money types, indicate the 5-character money type name and vesting percentage(s) in the space provided. Your Third Party Administrator has the authority to provide or alter vesting information applicable to this distribution.

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 Retirement Plan Services' standard withdrawal order will be used.

Complete Employee After Tax Details if applicable.

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

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 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 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.

GP5024US (03/2009)

Both John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York do business under certain instances using the John Hancock Retirement Plan Services name. Group annuity contracts and recordkeeping agreements are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.



Termination and Retirement Withdrawal - Eligible for Rollover

- To complete this form, please read the instruction pages attached to this form.
- Participant completes page 1 of this form.
- If you fail to provide information regarding IRS distribution code, vesting 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 (Employer Name) The Trustees of		Plan (the "Plan")		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

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 John Hancock Funds OR Other Financial Institution

1. All funds to my Traditional IRA Account No. (Eligible only if you have no Roth funds)

2. All funds to my Roth IRA Account No. (Both my Roth and non-Roth funds)

3. A split of my non-Roth funds to Traditional IRA Account No. and my Roth funds to Roth IRA Account No.

OR

<input type="checkbox"/> Qualified Retirement Plan	Plan Name The Trustees of	Plan Account Number
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Option 1 - Electronic Fund Transfer Information

OR

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

Direct Deposit

OR

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

Bank Name	Bank ABA Number (9-digits)
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Name of Institution to appear on check
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Bank Address - Number, Street, City, State, Zip Code
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Street Address - Number, Street, Apt., City, State, Zip Code
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Financial Institution, if different from Bank listed above	Bank Account Number
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Section C - Payment Instructions to Participant Directly

Option 1 - Electronic Fund Transfer Information

OR

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

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 (9-digits)
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Address if different from participant address listed above - Number, Street, Apt., City, State, Zip Code
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Bank Address - Number, Street, City, State, Zip Code
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Bank Account Number

Section D - State Tax Withholding

State of Residence	1. <input type="checkbox"/> Do not withhold
	2. <input type="checkbox"/> Withhold \$ <input type="text"/> or <input type="text"/> % of federal income tax amount or <input type="text"/> % of total taxable amount.

Section E - 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 F - Withdrawal Details

<input type="checkbox"/> TE - Termination	Month	Day	Year	<input type="checkbox"/> RE - Retirement	Month	Day	Year
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Final Payroll Ending Date

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

<input type="checkbox"/> 1- Early Distribution	<input type="checkbox"/> G - Direct Rollover to another Qualified Plan, Traditional IRA, non-Roth money payable to a Roth IRA
<input type="checkbox"/> 2- Early Distribution (Exception)	<input type="checkbox"/> H - Roth Money to a Roth IRA
<input type="checkbox"/> 7 - Normal Distribution	<input type="checkbox"/> Code Default Loan (Code dependent on age)

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

Vesting percentage(s)

For 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.

<input type="checkbox"/> Transfer to Cash Account	<input type="checkbox"/> Refund to Plan Trustee	<input type="checkbox"/> Pay outstanding John Hancock Retirement Plan Services Charges	<input type="checkbox"/> Leave in Participant account and transfer to default fund
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Complete the following for Partial withdrawals only

Partial \$					
	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 %
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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, (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); and (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.

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 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, 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
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