



RETIREMENT PLAN SERVICES

Withdrawal - Minimum Distribution

Important information about this form

- Your plan may require you to provide supporting documents or additional information before the request can be processed.
- As the participant/beneficiary, you complete Sections 1 - 6 and return it to the Plan Representative.
- As the Plan Representative, you review Sections 1 - 6 and complete Sections 7 - 9 of this form.
- If the participant address provided below is new or different than what is currently on record with John Hancock Retirement Plan Services, we will update our records accordingly. Ensure your next census submission includes revised employee information to avoid your file superseding the information supplied on this form.
- A 1099R form will be issued by January 31 of the following year.

Any changes must be initialed in pen (including numbers crossed out or changed using correction fluid). No changes can be made in **Sections 1, 6 and 9**. Any changes to these sections will require a new form to be completed.

1 General Information

The Trustee of	Plan (the "Plan")
Contractholder Name	Contract Number
Participant Name as displayed on your Social Security Card (Last name, First Name, Initial)	Participant Social Security Number (Full SSN Required)
Participant Address - Street Address	Date of Birth
City, State, Zip Code, Country	Month Day Year

2 What is the reason for your withdrawal?

- MD** - Minimum Distribution
- MD** - Minimum Distribution for Deceased Participant - complete information below

Beneficiary Name as displayed on your Social Security Card (Last name, First Name, Initial)/Estate Name	Beneficiary Social Security Number/Estate TIN
Beneficiary/Estate Address - Street Address, City, State, Zip Code	Date of Birth
City, State, Zip Code, Country	Month Day Year

3 How much do you want to withdraw?

Withdraw a portion of the funds in the plan as follows

Tell us how much to withdraw from each eligible money type. Completing the Investment Fund Code is not mandatory. If the Investment Fund Code is left blank, John Hancock Retirement Plan Services' standard withdrawal order will be used.

The amount below will be withdrawn as a gross withdrawal before income tax withholding.

Money Type (Mandatory)	Investment Fund Code (Optional)	Amount

OR

- Total withdrawal of available funds** - Check this box if the amount remaining in the participant's account is less than the required minimum distribution amount.

4 What do you want to do with your money?

Payment directly to participant/beneficiary - All applicable taxes will be withheld.

Federal Tax - Your 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 applicable box on page 2 of this form. 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. The distribution is subject to 10% federal tax withholding payable by the participant/beneficiary for a U.S. person (including a U.S. resident alien).

To request a higher tax rate, specify a whole number above 10%. _____ % (refer to DOL Field Assistance Bulletin 2004-02 for details)

I do not want to have Federal income tax withheld from my withdrawal. No state tax will be withheld.

OR

I am not a U.S. person nor a U.S. resident alien. Unless I have attached a completed IRS Form W-8BEN, withholding federal tax of 30% will apply.

State Tax Withholding Instructions

State of _____ Enter state of residence at time of withdrawal if state tax withholding should be taken for a state other than
Residence _____ the state provided to us.

State of Residence	Options for State Tax Withholding
AR, DC, DE, IA, KS, MA, ME, NC, NE, OK, VA, VT	You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.
MI	State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked below: <input type="checkbox"/> I elect to opt out of withholding <input type="checkbox"/> I am eligible to claim exemption of \$ _____ ; withhold tax only on the taxable distributed amount that is in excess of the exempt amount. If you check one of the boxes above, you are required to return a completed Form MI W-4P to your Plan Administrator. Ensure that the election made above is consistent with the election made on your completed Form MI W-4P.
CA, OR	You may opt out of the mandatory state withholding by checking here. <input type="checkbox"/>
AL, CO, CT, GA, ID, IL, IN, KY, LA, MD, MN, MO, MT, ND, NJ, NM, NY, OH, SC, UT, WV, WI	You may elect voluntary state income tax withholding by providing a percentage or whole dollar amount to be applied for state tax withholding here. _____ % or \$ _____

5 How would you like the funds to be sent?

Unless Electronic Fund Transfer information is provided below, a check will be issued and mailed using the standing mailing instructions on file with John Hancock Retirement Plan Services, as established by the Plan Trustee.

• For Check, allow 7-10 business days for regular mail delivery. • For Direct Deposit, allow 2-3 business days. • For Wire, allow 1-2 business days.

Electronic Fund Transfer Details - Mandatory for distribution amounts over \$50,000.

Direct Deposit - If this is a 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.

Provide Domestic Bank details below.

Bank Name

Bank ABA/Routing (9 digits)

Bank Account No.

For International banks, complete and attach the *International Banking Instructions* form.

6 Participant/Beneficiary Signature

For participant/beneficiary 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.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens).

Under penalties of perjury, I certify that:

1. The number shown below is my correct taxpayer identification 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 a 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. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please note that, by signing this form, you declare that you make the above certifications under penalties of perjury.

Under penalties of perjury, I certify the above statements.

Signature of Participant/Beneficiary

Name - please print

Date

Participant/Beneficiary Social Security Number
(Full SSN Required)

Continue on page 4 to complete Section 7, 8 and 9.

7 Withdrawal Details

Is the participant withdrawing In-Plan Roth Rollover (IRR) assets?

For a total withdrawal, we will report the original rollover amount processed as the amount allocable to IRR assets.

For a partial withdrawal, provide the amount allocable to IRR assets \$ _____

Note: All Roth assets held by the participant would need to be taken into consideration when calculating the amount allocable to the IRR. If left blank, we will report the amount requested as being first allocable to the IRR assets.

It is important that information on the allocable amount be provided to John Hancock Retirement Plan Services if this allocation order is not consistent with the terms of your Plan.

IRS Distribution Code

The applicable IRS distribution code will be based on the type of distribution and/or age of the participant/beneficiary.

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

8 Third Party Administrator (TPA) Withdrawal Fee

\$ _____ OR _____ %
Flat Fee Amount Percentage of Invested Balance

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.

9 Trustee/Authorized Signer Signature

If the participant/beneficiary fails to sign Section 6 - Participant/Beneficiary Signature (page 3 of this form) the Trustee/Authorized Signer below certifies, under penalties of perjury, that based on the plan sponsor's record, (i) the name shown on this form is the legal name of the participant/beneficiary;(ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the participant/beneficiary; and, (iii) the participant/beneficiary is a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 3. I acknowledge that John Hancock Retirement Plan Services will rely on this certification in determining the tax withholding and reporting requirements applicable to the requested distribution and agree to hold John Hancock Retirement Plan Services harmless for any errors made in reliance upon this certification.

I hereby certify that the option(s) selected herein by the participant/beneficiary are permitted by the plan.

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/beneficiary'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 also certify that, if applicable, the Withholding Certificate for Michigan Pension or Annuity Payments (Form MI W-4P) has been properly obtained, completed in accordance with Michigan law, and that any amount exempt from state tax withholding described above accurately reflects such Withholding Certificate submitted by the Participant/Beneficiary.

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 Trustee/Authorized Signer

Name - please print

Date