



## Instructions for completing Death Benefit Withdrawal

- Use this form only for total Death Benefit withdrawals.  
For all other distributions complete the applicable Withdrawal form.

### Participant Instructions for completing page 1

#### Section A - General Information

Complete contractholder name, contract number, participant's name, date of birth, social security number, beneficiary/estate name, social security number and address.

**Payment Instructions - Complete either Section B for Direct Rollover or Section C and Section D for Payment to Beneficiary/Estate Directly.**

#### Section B - Payment Instructions for Direct Rollover to a qualified plan, or IRA (Spouse Only) or Inherited IRA (Non Spousal)

**John Hancock Funds IRA/Roth IRA** - To rollover to a new John Hancock Funds IRA and/or Roth IRA (including Inherited IRA or Inherited 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 or John Hancock Funds - Inherited IRA and / or Inherited 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](http://www.JHRollover.com).

**IRA/Roth IRA** - The IRA (spouse) or Inherited IRA (Non spouse) account number must be provided. If the rollover distribution includes Roth 401(k) money, you may roll over that portion 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 Beneficiary/Estate Directly

**Spouse or Non Spousal** - A 1099R form will be issued. The distribution can only be made payable to the beneficiary.

**Estate of Deceased** - Federal tax ID for the estate (EIN) (may also be referred to as Taxpayer Identification Number (TIN)) must be provided. Request must be signed by the executor of the estate (at Section E) and the authorized plan representative must also sign to verify executor's legitimacy (Refer to Section H).

A 1099R form will be issued to the Estate. The distribution can only be made payable to the Estate.

**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 over \$200.00 that is payable to a spousal beneficiary 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. Please refer to the information provided by your Plan Administrator regarding these tax rules.

All other payments that are taxable, i.e., eligible rollover distributions to a non-spousal beneficiary or distributions that are in excess of \$200.00, are subject to federal income tax withholding at the rate of 10% unless the payee elects not to have federal withholding apply or, if applicable, directly rolled over into an inherited IRA. The amount withheld may not represent your entire tax bill. 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 estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **If you elect not to have withholding apply, you must return this form together with a completed IRS form W-4P.**

Contact your tax advisor or IRS if you have any questions concerning withholding or the above 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 Beneficiary/Estate address.

**NOTE:** If the field is not completed, it will default to state listed in Beneficiary/Estate 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 - Beneficiary 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. Please contact your plan administrator.

---

**Authorized Plan Representative Instructions for completing page 2****Section F - Withdrawal Details**

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 use 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 and a 1099R issued to the Estate of the Deceased. 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.

**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 first 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.



# Death Benefit Withdrawal

- To complete this form, please read the instruction page attached to this form.
- Each Beneficiary completes a separate page 1 of this form. Multiple Beneficiary forms must be submitted to John Hancock USA at the same time.
- Plan Representative reviews all pages and completes page 2 of this form.
- If the distribution code is NOT the same for multiple beneficiaries, complete a separate page 2 for each beneficiary.

## Section A - General Information

Contractholder Name (Employer Name)				Contract Number			
<b>The Trustees of</b>				<b>Plan (the "Plan")</b>			
Participant Name (Last Name, First Name, Initial)			Date of Birth	Month	Day	Year	Participant Social Security Number
Beneficiary/Estate Name (Last Name, First Name, Initial)						Beneficiary Social Security Number/Estate TIN	
Beneficiary/Estate Address (Mandatory for 1099R) - Number, Street, Apt., City, State, Zip Code							

For Multiple Beneficiaries indicate  % of Participant's account to be paid to the beneficiary listed above.

**Payment Instructions - Complete Section B for Direct Rollover or complete Section C and Section D for Payment to Beneficiary/Estate Directly.**

## Section B - Payment Instructions for Direct Rollover to a Qualified Plan or IRA (Spouse Only) or Inherited IRA (Non Spousal)

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"/> Inherited IRA	Account No.
	<input type="checkbox"/> IRA	Account No.	and/or	<input type="checkbox"/> Roth IRA	Account No.	<input type="checkbox"/> Inherited IRA	Account No.
OR							
<input type="checkbox"/> 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 Beneficiary/Estate 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 beneficiary/estate address listed above - Number, Street, Apt., City, State, Zip Code
---

## Section D - Tax Withholding

### Federal Tax Withholding

Spouse - Mandatory 20%

Non Spousal Beneficiary/Estate

Check one  0%  10%  Other  %

### 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 - Beneficiary 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 Beneficiary	Name	Date
--------------------------	------	------

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

**Section F - Withdrawal Details**

**Final Contribution**

Month	Day	Year
-------	-----	------

**Distribution Code - More than one box may be chosen.**

- 4 - Death
- G - Direct Rollover to another Qualified Plan or IRA
- Direct Rollover to an Inherited IRA
- Code B - Also check here if the distribution includes designated Roth 401(k) contributions.
- Code 

--

 Default Loan (Code dependent on age)  
A 1099R will be issued for the loan default to the Estate of the Deceased.  
Complete address and TIN information for the Estate if not on page 1 (Section A).

Estate Address (mandatory for 1099R) - Number, Street, Apt., City, State, Zip Code	Estate TIN
--	------------

**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.

<input type="checkbox"/> Transfer to Cash Account	<input type="checkbox"/> Refund to Plan Trustee	<input type="checkbox"/> Pay outstanding John Hancock USA Charges	<input type="checkbox"/> Leave in Participant account and transfer to default fund
---	---	---	--

**Section G - Third Party Administrator (TPA) Withdrawal Fee**

Flat Fee Amount	<b>OR</b>	Percentage of Invested Balance	<b>No Fee will be applied if this section is not completed.</b>
\$		%	

**Section H - Authorized Plan Representative Signature**

I certify that all the above information is complete and correct, that the required Beneficiary elections and consent 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 Beneficiary under the Internal Revenue Code and, if applicable, 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 Beneficiary 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 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 the requests herein (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
---	------	------