



Instructions for completing Hardship Withdrawal

• Use this form for hardship 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, social security number, 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 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 C - Tax Withholding

Federal Tax Withholding

All payments are taxable, in excess of \$200.00, and subject to federal income tax withholding at the rate of 10% unless the payee elects not to have federal withholding apply. 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 the 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.**

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 D - 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. Please 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.

Authorized Plan Representative Instructions for completing page 2

Section E - Withdrawal Details

Select the appropriate IRS distribution code. Roth distribution code must be used in conjunction with another distribution code.

Your Plan and the Tax Code may place restrictions on the money type that may be withdrawn. Check your Plan to ensure the withdrawal is processed from the correct money type. John Hancock USA relies on your instructions to process the withdrawal and is not responsible for determining or verifying the correctness or accuracy of such instructions.

Elective Deferrals - Choose either maximum amount available or indicate a specific amount. John Hancock USA's standard withdrawal order will be used unless the investment options are indicated.

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 USA's 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 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 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.
- 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	
Participant Address (Mandatory for 1099R) - Number, Street, Apt., City, State, Zip Code		Date of Birth	Month Day Year

Section B - Payment Instructions

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

Section C - Tax Withholding

Federal Tax Withholding

Check one 0% 10% Other %

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 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
--------------------------	------	------

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

Section E - Withdrawal Details

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

Elective Deferrals (excluding Roth)

Maximum

OR

Amount \$ _____ (John Hancock USA's standard withdrawal order will be used.)

OR

Amount \$ _____

Investment Option	\$	%	Amount or Percentage

All Other Money Types

Amount \$ _____

Money Type (Mandatory)	Investment Option (Optional)	\$	%	Amount or Percentage

Section F - 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.
-----------------------------	-----------	---	--

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, 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. 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, 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 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
---	------	------