



RETIREMENT PLAN SERVICES

Withdrawal - Death

Important information about this form

- As the beneficiary, you complete page 1 and 2 of this form and return it to the Plan Representative.
- In the case where there are multiple beneficiaries, each beneficiary must complete page 1 and 2 of this form. All forms must be submitted to John Hancock Retirement Plan Services at the same time for processing.
- As the Plan Representative, you review page 1 and 2, and complete page 3 of this form.
- Fax the completed form to our toll free number **1-866-377-9577**
- The plan may require you to provide supporting documents or additional information before the request can be processed.
- 1099R form(s) will be issued by January 31 of the following year.

1 General Information

The Trustee of _____ **Plan** _____

Contractholder Name (Name of Employer) _____ Contract Number _____

Participant Name (Last Name, First Name, Initial) _____ Date of Birth _____ Participant Social Security Number _____

Month Day Year

Beneficiary/Estate Name (Last Name, First Name, Initial) _____ Beneficiary Social Security Number/Estate TIN _____

Beneficiary/Estate Address - Street Address, City, State, Zip Code _____

2 What is the reason for your withdrawal?

- DE** - Death - spousal beneficiary **DE** - Death - non-spousal beneficiary

Federal law requires that 20% of the taxable amount of an eligible rollover distribution be withheld, unless payment is directly rolled over to an eligible retirement plan. The amount withheld may not represent your entire tax bill. The above mandatory tax withholding requirements 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 Special Tax Notice provided by your Plan Administrator regarding these tax rules. Contact your tax advisor or Plan Administrator if you have any questions.

3 How much do you want to withdraw?

For TOTAL withdrawals, proceed to Section 4.

A TOTAL withdrawal will be processed unless the section below is completed.

Withdraw only 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.

Amount	Money Type (Mandatory)	Investment Fund Code (Optional)
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

For multiple beneficiaries, check here and complete a form for each beneficiary.

Indicate percent of account to be paid to the beneficiary listed above, if there are multiple beneficiaries _____ %

4 What do you want to do with your money? - Complete either option A, B OR C

A - Direct Rollover to John Hancock IRA (minimum \$2500 balance required)

OR

Other IRA

Financial Institution Name _____

Financial Institution Address _____

Options - Check one option only and provide IRA Account Number if available	✓	IRA Account Number
1. All funds to my Traditional IRA Account (applicable only if your distribution contains only non-Roth funds)		
2. All funds to my Roth IRA (both Roth and non-Roth funds as applicable)		
3. Split of: (provide both account numbers) AND My non-Roth funds to my Traditional IRA		
My Roth funds to my Roth IRA		

B - Direct Rollover to Qualified Plan

The Trustee of

Plan Name _____

Plan Account Number _____

Financial Institution Name _____

Financial Institution Address _____

C - Payment directly to me

Federal Tax

The distribution is subject to 20% mandatory federal tax withholding for a U.S. person (including a U.S. resident alien).

Specify a whole number between 20-99 if you want more tax taken. _____ %

OR

I am not a U.S. person (including 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 Residence Enter beneficiaries' state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided to us.

State of Residence

AR, DE, IA, KS, ME, MD, MA, NC, NE, OK, VT, VA

Options for State Tax Withholding

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.

CA, OR

You may opt out of the mandatory state withholding by checking here.

AL, AZ, CO, CT, DC, GA, HI, ID, IL, IN, KY, LA, MI, MN, MS, MO, MT, NJ, NM, ND, OH, PA, RI, SC, UT, WV, WI

You may elect voluntary state income tax withholding by providing a percentage or dollar amount to be applied for state tax withholding here. _____ % or \$ _____

5 How would you like the funds to be sent?

If you have selected a direct rollover to a John Hancock IRA you do not need to complete this section.

Electronic Fund Transfer - 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.

To _____

OR Bank Name _____

Bank ABA/Routing (9 digits) _____

Bank Account No. _____

Check - Only available for distribution amounts less than \$50,000. (Allow 5 - 7 business days for postal service delivery.)

6 Beneficiary Signature

For beneficiaries 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:

- The number shown on this form is my correct Taxpayer Identification Number (Social Security Number), and
- I am a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 C.

Signature of Beneficiary _____

Name _____

Date _____

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This page to be completed by Plan Representative.

7 Withdrawal Details

Has the final contribution been submitted for this participant?

Yes

No - If No, what is the final payroll ending date? _____
Month Day Year

The distribution will be processed once the payroll payment has been received.

Date of Death* _____ * May be required by the plan administrator.
Month Day Year

John Hancock Retirement Plan Services does not require the date of death to process this request.

IRS Distribution Code

The applicable IRS distribution code will be based on the type of distribution.

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

If a loan is active at time of distribution, we will apply distribution code 4 to report the loan offset.

A separate 1099R will be issued to the Estate for the loan offset.

Estate Address - Street Address, City, State, Zip Code _____

Estate TIN _____

Vesting percentage(s)

_____ % for ALL Employer money types

OR

Vesting varies by money type as indicated below

Money Type	%	Other ER Money	%	Other ER Money	%
ER Match					
Profit Sharing					

Employer Unvested Money

If no box is selected, any unvested money will remain in the Participant's account with current investment instructions.

Transfer to Cash Account

Pay outstanding John Hancock Retirement Plan Services Charges

Refund to Plan Trustee

Leave in Participant account and transfer to default fund

8 Third Party Administrator (TPA) Withdrawal Fee

\$ _____
Flat Fee Amount

OR _____ %
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 Authorized Plan Representative Signature

If the beneficiary fails to sign Section 6 - Beneficiary Signature (page 3 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 beneficiary and that the beneficiary is a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 C.

I certify that all the above information is complete and correct, 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 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 currently on record the above referenced fee (if applicable).

I understand that this fee will be deducted from the participant'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 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 Authorized Plan Representative _____

Name _____

Date _____

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