



Mandatory Distributions Request

Section A - Trustee Information

Contractholder Name (Trustee) Trustee of	Contract Number Plan (the "Plan")
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Section B - Instructions for Employer Unvested Money - Complete this Section to provide instructions for Employer Money forfeited by any of the participants listed in Section D. If no option is selected, money will be left in participant's account, invested in accordance with current instructions on file with John Hancock USA.

Options for Employer Unvested Money

- Transfer to Contract Cash Account for future allocation (Money will be credited to the Contract Cash Account)
- Use to pay outstanding John Hancock USA contract charges
- Transfer unvested money from sub-accounts to the Money Market Fund or JH John Hancock Stable Value Fund, as applicable, under the contract.
- Refund to Plan Trustee for deposit in Plan's Trust Account

Section C - Third Party Administrator (TPA) Withdrawal Fee - To be completed by Company Plan Representative

No fee will be applied if this section is not completed.

Deduct TPA Withdrawal Fee from participant account balance at the same time as this distribution is deducted and pay the Fee to the TPA currently on record with John Hancock USA.

\$ <input type="checkbox"/> Flat Fee Amount	OR	Percentage of Invested Balance
% <input type="checkbox"/> \$		%

- The following conditions apply:
- John Hancock USA will use standard protocol order to deduct the fee.
 - TPA withdrawal fee will generally be deducted from the account before the withdrawal amount.
 - John Hancock USA is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on transaction and summary confirmations.

Section D - No mandatory distributions will be paid unless full and complete information with respect to each participant listed under Section D is provided.

Participant Information

Name of Participant	Date of Birth	Month	Day	Year	Social Security Number
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Address of Participant - Number, Street, Apt No, City, State, Zip Code

Vesting percentage(s) for: Employer Match	%	Other ER Money	%	State of Residence	%
Profit Sharing	%	Other ER Money	%		%

IRS Distribution Code Code B - Also check here if the distribution includes designated Roth 401(k) contributions.

Are there any outstanding loans from the account? Yes No

If **Yes**, what is the IRS distribution code to be used for the 1099R on the loan default?

If an outstanding loan exists, the outstanding loan balance will be defaulted. Depending on the distribution code, it may be treated as a distribution, and may be subject to tax withholding unless a check for the outstanding balance is enclosed with this form.

- See attached - If you are submitting Mandatory Distribution requests payable to participants for multiple participants, you may include an attachment with the payout details - you must include all of the information as listed above in the attachment.
- See attached - If you are submitting Automatic Direct Rollover Mandatory Distribution requests for multiple participants, you may include an attachment with the rollover details - you must include all of the information as listed above in the attachment.

Section E - Automatic Direct Rollover of Mandatory Distributions to Individual Retirement Plans - No automatic direct rollover will be processed unless full and complete information with respect to each participant listed in Section D (page 1) is provided.

This section is to be used only for requesting mandatory distributions that are to be paid in a direct rollover to a traditional individual retirement plan and/or Roth Individual Retirement Plan.

Rollover IRA - Account No. _____ **Complete Section 1 or 2 below.** and/or Rollover ROTH IRA - Account No. _____ **Complete Section 3 or 4 below.**

Section 1 - Electronic Fund Transfer	
Electronic Fund Transfer Information	
Bank Name	
Bank Address - Number, Street, City, State, Zip Code	
Bank ABA Number	Account Number
Credit Party Name (must include participant name/alternate payee name)	
Attention/Re	

Section 3 - Electronic Fund Transfer	
Electronic Fund Transfer Information	
Bank Name	
Bank Address - Number, Street, City, State, Zip Code	
Bank ABA Number	Account Number
Credit Party Name (must include participant name/alternate payee name)	
Attention/Re	

OR

Section 2 - Check
Payee to appear on check
Bank Name
Bank Address - Number, Street, City, State, Zip Code

OR

Section 4 - Check
Payee to appear on check
Bank Name
Bank Address - Number, Street, City, State, Zip Code

Section F - Signature

I certify that all the above information (including the information provided on the attached additional sheet(s)) is correct and that, under the terms of the Plan, (i) the distribution due to each participant listed under Section D on page 1 is required to be paid directly to the participant without his or her consent; and (ii) the distribution due to each participant listed under Section D is required to be paid in a direct rollover to a traditional individual retirement plan ("IRA") or Roth Individual Retirement Plan ("Roth IRA"). I also certify that all necessary information required to be furnished to each such participant, including an explanation of the direct rollover option and related tax rules required by IRC Section 402(f), as well as an explanation of the Plan's automatic rollover provisions and information regarding the IRA/Roth IRA provider(s) and the fees and expenses attendant to the IRA/Roth IRA, have been provided to each such participant. I also certify that (i) all distributions requested on this Form are eligible for direct rollover into an IRA/Roth IRA. (ii) each of the participants listed under Section D either elected to receive direct payment of the amount or failed to elect to have such distribution paid in a direct rollover to an IRA/Roth IRA; and (iii) each of the participants listed under Section D has failed to make an affirmative election either to have the distribution due paid to him or her directly in cash or paid in a direct rollover to an IRA/Roth IRA. I hereby direct John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA") to withhold state income tax and federal income tax, where applicable, from the taxable amount prior to each distribution. I certify that each distribution is not for purpose of a prohibited transaction as defined in IRC Section 4975 and, if applicable under the terms of the plan, each participant listed above has waived the 30 day waiting period. I hereby also 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 authorized under the terms of the plan and that the Trustee/Plan Fiduciary of the Plan has determined that the fee requested is a reasonable expense. I acknowledge and agree that neither John Hancock USA nor its employees, agents, directors, and officers are responsible for any delay in processing the requested distributions that results from my (or the Plan's) failure to provide in full the required information above. On behalf of the Plan sponsor, I further agree to indemnify and hold harmless John Hancock USA, its employees, agents, directors and officers from any liability, penalties, or taxes that may be incurred as a result of any of the requested distributions giving rise to one or more prohibited transactions or for implementing the instructions on this form.

Signature of authorized plan representative	Name	Date
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