



RETIREMENT PLAN SERVICES

Withdrawal - Automatic Contribution

Important information about this form

- Use this form to request a withdrawal of your automatic contributions under a Plan with an Eligible Automatic Contributions Arrangement.
- As the participant, you complete page 1 and 2 of this form and return it to your Plan Representative.
- 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**
- Your plan may require you to provide supporting documents or additional information before your request can be processed.
- A 1099R form 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)	Participant Social Security Number
Participant Address - Street Address	Date of Birth
City, State, Zip Code	Month Day Year

2 Automatic Contribution Withdrawal

Automatic Contribution Withdrawal Election

- If you are automatically enrolled in a plan with an Eligible Automatic Contribution Arrangement, your plan may allow you to request a withdrawal of automatic contributions within a period after such contributions are first taken from your pay. The amount of the withdrawal will be adjusted for any gain or loss. If your employer makes a matching contribution for your automatic contributions, you will forfeit the matching contribution if you elect to withdraw. The withdrawal will be subject to federal income tax withholding (and if applicable, state tax withholding). If you withdraw your automatic contributions, your employer may treat you as having chosen to make no further contributions under your plan. Check with your plan administrator.
- You should also review your plan's Summary Plan Description (SPD) which may contain special provisions that may materially affect your decision to defer a distribution. For a copy of the SPD, please contact your Plan Sponsor.

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.

You must complete the withdrawal details if you wish to specify a specific dollar value or money source to be withdrawn. **If this section is left blank, all deferrals will be withdrawn. All employer match contributions will be forfeited and will remain in the participant's account with current investment instructions unless indicated otherwise in Section 7. All other employer money types will not be forfeited and will remain in the Participant's account.**

Money Type	Customized Name (if applicable) Use customized Short Names found on the contract's statements	Money Source (e.g. REG, XTFR)	\$	%	Amount or Percentage
Employee Deferral					
Roth 401(k)					
Employer Match					

4 What do you want to do with your money? - Complete either option A or B.

A - Payment directly to me

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 box below. 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.

To request a higher tax rate, specify a whole number percentage between 10-99. _____ %

I do not want to have Federal income tax withheld from my withdrawal.

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

State of Residence

Options for State Tax Withholding

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

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 below.

_____ % or \$ _____

B - Payment to Plan Trustee

John Hancock Retirement Plan Services will issue the distribution without withholding any taxes. A 1099R Form will not be generated.

5 How would you like the funds to be sent?

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

Direct Deposit - My personal bank account is Checking **OR** Savings

OR

Wire - Verify with receiving bank if they accept wires and/or charge a fee.

To _____
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 Participant Signature

For participants 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: 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) unless indicated otherwise in Section 4 A.

Signature of Participant

Name

Date

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.

If additional contributions are received after the distribution is processed, the additional amounts will be refunded to the Trustee.

IRS Distribution Code

The early distribution exception code will be applied.

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

Forfeited Employer Match Contributions

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

All other employer money types (e.g. profit sharing) will not be forfeited.

Transfer to Cash Account

Pay outstanding John Hancock Retirement Plan Services Charges

Leave in Participant account and transfer to default fund

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 Authorized Plan Representative Signature

If the participant fails to sign Section 6 - Participant Signature (page 2 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 participant and that the participant is a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 A.

I certify that all the above information is complete and correct, that the required Participant 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 the Plan provides for an Eligible Automatic Contribution Arrangement as described in IRC Section 414(w), the participant was automatically enrolled under such an arrangement, and that the distribution requested is permitted by the terms of the Plan. I also certify that, if applicable under the terms of the Plan, the Participant has waived the 30-day waiting period.

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