



RETIREMENT PLAN SERVICES

Withdrawal - Minimum Distribution

Important information about this form

- As the participant, you complete Sections 1 - 6 and return it to the Plan Representative.
- As the Plan Representative, you review the form 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 the request can be processed.
- A 1099R form will be issued by January 31 of the following year.

1 General Information

The Trustee of

Contractholder Name (Name of Employer)

Plan

Contract Number

Participant Name (Last Name, First Name, Initial)

Participant Social Security Number

Participant Address - Street Address

Date of Birth

Month

Day

Year

City, State, Zip Code

2 What is the reason for your withdrawal?

MD - Minimum Distribution

Complete Section 4, option A or B for Direct Rollovers and Section 4, option C for payments directly to the participant.

Deferred Distribution

The Worker, Retiree, and Employer Recovery Act of 2008 ("WRER Act"), suspends the application of the required minimum distribution requirements for defined contribution plans under IRC section 401(a), governmental 457(b) plans, and certain other plans for the 2009 taxable year. This relief also applies to the minimum distributions that are required to be made by no later than April 1, 2010 for participants who turn 70 1/2 in 2009. Use this form if you wish to request a withdrawal that would otherwise be a required minimum distribution but for the relief provided by the WRER Act.

Check with your Plan Administrator before completing the applicable section(s). Please note that under the WRER Act, if all or a portion of your withdrawal is an eligible rollover distribution because it is no longer a required minimum distribution a plan is permitted, but not required to offer a participant a direct rollover of that amount. Check with your Plan Administrator to find out if your Plan offers the direct rollover option. If you receive your withdrawal during 2009, the amount that would have been a required minimum distribution but for the WRER Act, is not subject to mandatory 20% income tax withholding, and you can roll over that amount to an eligible retirement plan within 60 days of the withdrawal.

If the amount you wish to withdraw is in excess of the amount that would have been your required minimum distribution for 2009, request the excess amount by separately completing the Withdrawal - Eligible for Rollover form.

3 How much do you want to withdraw?

Withdraw 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)
\$		
\$		
\$		

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

Federal law requires that 10% of the taxable amount be withheld, (unless payment is directly rolled over to an eligible retirement plan if permitted by your plan). The amount withheld may not represent your entire tax bill. 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.

If you do not want any Federal tax withheld from your withdrawal, check the appropriate box in section C 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.

If you turn 70 ½ in 2009 and take the required minimum distribution between January 1st and April 1st 2010, the distribution is subject to 20% tax withholding, (unless payment is directly rolled over to an eligible retirement plan if permitted by your plan).

Before completing the section below, check with your Plan Administrator to find out if your Plan offers the direct rollover option.

To split your withdrawal into multiple options, check here and complete a separate form for each option.

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	<input checked="" type="checkbox"/>	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 participant

Federal Tax

The distribution is subject to 10% federal tax withholding payable by the participant for a U.S. person (including a U.S. resident alien).

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

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

If I turn 70 ½ in 2009, the distribution is subject to 20% mandatory federal tax withholding for a U.S. person (including a U.S. resident alien).

To request a higher tax rate, specify a whole number percentage between 20-99. _____ %

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 recipients' 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

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** \$ _____

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 _____
Bank Name Bank ABA/Routing (9 digits) Bank Account No.

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

6 Participant Signature

For participant 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 C.

Signature of Participant _____ Name _____ Date _____

Below is to be completed by Plan Representative.

7 Withdrawal Details

IRS Distribution Code

The applicable IRS distribution code will be based on the type of distribution and/or age of the participant.

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

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 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 participant and that the participant is a U.S. person (including a U.S. resident alien); and (ii) If the participant is not a U.S. person (including a U.S. resident alien), you must provide to John Hancock Retirement Plan Services an IRS Form W-8BEN duly completed and signed by the participant.

I hereby certify that the option(s) selected herein by the participant are permitted by the plan.

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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