

Important Information about this Form

- Use this form for unsettled payments previously payable to the participant.
- For unsettled participant direct rollover payments previously payable to a financial institution for the benefit of the participant to an IRA or direct rollover to a qualified plan, use the *Unsettled Participant Direct Rollover Payment Direction* form.
- For unsettled payments previously payable to the trustee of the plan, use the *Unsettled Trustee Payment Direction* form.
- The original 1099R tax form related to this payment still applies. A corrected 1099R will not be issued.
- If the participant address provided below is new or different than what is currently on record with John Hancock, we will update our records accordingly. Ensure your next census submission includes revised employee information to avoid your file superseding the information supplied on this form.
- Signature of an Authorized Plan Representative is required unless payment is to be made to the participant and is less than \$200.
- This request is subject to the processing and procedure guidelines contained in John Hancock's Administrative Guidelines for Financial Transactions ("AGFT"). The latest AGFT is available on the John Hancock plan sponsor website or you may contact your John Hancock representative for a copy.

All changes must be initialed in pen (including numbers crossed out or changed using correction fluid).

Completed documents must be submitted on the website using the Submit a Document tool. For further assistance, contact your Client Account Representative.

1. General Information

The Trustee of

Contractholder Name

Plan ("the Plan")

Contract Number

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Participant Address – Street Address

Date of Birth
Month Day Year

City, State, Zip Code, Country

Participant Phone No.

This form can be used to request ONE unsettled participant payment. If your request is for more than one participant, you may send a paper listing with information for multiple participants. The settlement option must be indicated on the spreadsheet and must apply to ALL participants on the spreadsheet. All applicable information must be provided, and it must have a printed name and be signed by a Trustee/Authorized Signer. Refer to the plan sponsor website for the required format.

This request is for multiple participants – see attached paper spreadsheet with a printed name and signed by a Trustee/Authorized Signer

Note: If there is an excessive number of transaction requests with respect to your plan and John Hancock is unable to complete the requests that are "in good order" on or prior to the next market day after receipt, we will notify you or your designated contact as soon as administratively practicable to advise of the anticipated timeline for processing all the transactions.

2. Details of Unsettled Payment

Amount: \$

Unsettled Check

Issue Date (Optional):
Month Day Year

3. Settlement Options – Select one

A. Reissue the unsettled participant payment to the participant

You must provide electronic fund transfer information below unless the financial institution requires a check be issued. Where a check is issued, it will be mailed to the participant address provided in Section 1 unless the following is selected.

Issue payment as a check and mail it to the client address currently on record.

Expected Delivery: • *Checks: 7-10 business days* • *Direct Deposit: 2-3 business days.* • *Wires: 1-2 business days.*

Electronic Fund Transfer Details

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

Provide domestic bank details:

Bank Name _____

Bank ABA/Routing (9 digits) _____

Bank Account No. _____

For international banks, complete and attach the International Banking Instructions form.

B. Reissue the unsettled payment to the Trustee of the Plan

Pay to the Plan Trustee for deposit into Plan's Trust Account -

Unless Electronic Fund Transfer details are provided below, a check will be issued and mailed to the Trustee address currently on file with John Hancock.

Expected Delivery: • *Checks: 7-10 business days* • *Direct Deposit: 2-3 business days* • *Wires: 1-2 business days*

Electronic Fund Transfer Details

Direct Deposit OR Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide domestic bank details:

Bank Name _____

Bank ABA/Routing (9 digits) _____

Bank Account No. _____

For international banks, complete and attach the International Banking Instructions form.

C. Deposit the unsettled payment into the contract's cash account - as permitted by the Plan document

This option is only applicable to contracts that are currently active with John Hancock and the Trustee has determined that the full amount of the deposit belongs to, and can properly be held in, the Plan. The Trustee, and not John Hancock, is responsible for tracking the funds deposited into the cash account, monitoring such funds, or determining how the funds in the cash account should be used. For details on the Plan's cash account, log onto the plan sponsor website and view the cash account page or the cash account status on the contract statements.

Track this payment as a forfeiture within the cash account.

For unsettled payments greater than \$200, certification is required by an Authorized Plan Representative in Section 5.

4. Participant Signature

I certify that I have not cashed and will not undertake to cash the check referenced above or any replacement checks that have previously been sent to me. I also certify that I was entitled to a distribution from the above referenced Plan.

I understand that John Hancock may charge a fee for this withdrawal and that other charges or fees may also apply. I acknowledge that I can refer to my plan's *404a-5 Plan & Investment Notice* available on the participant website at www.johnhancock.com/myplan for further details.

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If I am a participant in a contract issued by John Hancock Life Insurance Company of New York, I understand that if 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, shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation. I understand that, if I am a participant under a contract issued by John Hancock Life Insurance Company (U.S.A.), civil penalties may apply.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens).

Under penalties of perjury, I certify that:

- 1. The number shown in Section 1 of this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).**

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Under penalties of perjury, I certify the above statements.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Participant

Name - please print

Date

Signature of an Authorized Plan Representative is required unless payment is to be made to the participant and is less than \$200

5. Authorization

If the participant does not sign the participant Signature section, I, the undersigned, certify under penalties of perjury that, the participant has certified to me that, (i) the name shown on this form is the legal name of the participant; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the participant; and (iii) the participant is a U.S. person (including a U.S. resident alien) unless indicated otherwise above.

I, the undersigned, hereby direct and authorize John Hancock to implement the instructions provided on this form. I represent that the certifications, directions, acknowledgements, authorizations, and agreements contained in this form are complete and correct and agree that John Hancock will rely on them, including to determine the tax withholding and reporting requirements applicable to the requested withdrawal. I represent that the withdrawal(s) requested herein are permitted by law and in accordance with the Plan. If the amount withdrawn is paid directly to the Plan Trustee, I also agree that I am responsible for the proper handling of the funds in accordance with the law.

I certify that the payment listed above has not been cashed and the Plan has not made a replacement payment. I am authorized to provide John Hancock instructions for the replacement funds and John Hancock may rely on the instructions provided on this form. I certify that the information above, including the information on any attachment(s), is correct and complies with the terms and provisions of the Plan.

In addition, if payment is to be made to the participant, I certify that the required participant elections and consents to this withdrawal and, if applicable, spousal consent for a married participant as required by IRC Sec. 417, have been properly obtained. I further certify that all necessary and applicable information required under IRC Sec. 417 and an explanation of the direct rollover option and related tax rules required under IRC Sec. 402 have been provided to the participant. I further certify that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975 I also certify that, if applicable, (i) the participant has waived the 30-day waiting period; and (ii) the Withholding Certificate for Pension or Annuity Payments (Form W-4P) for the states of Michigan and Iowa have been properly obtained, completed in accordance with Michigan and Iowa law, and that any amount exempt from state tax withholding described above accurately reflects such Withholding Certificate submitted by the participant.

If the participant is under the age of 18, I certify that consent to this request has been obtained from the parent or legal guardian authorized to act on the participant's behalf.

On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless John Hancock and its affiliates and each of their employees, agents, directors, and officers from and against any and all losses, liabilities, penalties, and taxes that it or they may incur as a result of complying with the instructions provided on this form or any of the certifications provided on this form being incorrect.

_____ Signature of Trustee/Authorized Signer	_____ Name - please print	_____ Date
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