

Important Information about this Form

- Use this form for unsettled payments previously payable to the Trustee of the Plan.
- For unsettled payments previously payable to the participant or which were direct rollovers for the benefit of the participant, use the *Unsettled Participant Payment Direction* form or *Unsettled Participant Direct Rollover Payment Direction* form.
- 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.
- This request is subject to the processing and procedure guidelines contained in with 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 items 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

This form can be used to request ONE unsettled trustee payment. If your request is for more than one trustee payment, you may send a paper listing containing the unsettled payment details. The settlement option must be indicated on the spreadsheet and must apply to ALL trustee payments 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.

See attached paper spreadsheet – must also include a printed name and be 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 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.

B. 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.

C. Reinstate the following participant's account with the unsettled payment

This option is only applicable to contracts that are currently active with John Hancock and the Trustee has determined that the unsettled payment can be properly reinstated to each participant's account as specified below.

Confirm with your Third Party Administrator for the proper allocation of the payment to the applicable money types taking into account that vesting has already been applied. If the unsettled Trustee payment in Section 2 pertains to more than one participant, John Hancock must receive reinstatement instructions for all such participants. John Hancock cannot partially settle an unsettled Trustee payment. The Trustee is responsible for reviewing participant address and date of birth information on the Plan Sponsor website and updating such information as applicable. If the Investment Fund Code is left blank, the default investment option selected for the contract will apply.

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

Participant Social Security Number (Full SSN Required)

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

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

Participant Social Security Number (Full SSN Required)

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

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

Participant Social Security Number (Full SSN Required)

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

4. Authorization

I, the undersigned, hereby direct and authorize John Hancock to implement the instructions specified in this form and agree that John Hancock is entitled to rely on the certifications, directions, acknowledgements, authorizations and agreements contained in this form. I have reviewed, understand and agree with the information, terms and conditions provided on this form, including the Important information about this form.

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.

I, the undersigned, on behalf of the Plan Sponsor, the Plan and its related trust agree to hold harmless and indemnify John Hancock, its employees, agents, directors, officers and affiliates from any losses, liabilities, penalties, and taxes that may be incurred for acting upon the instructions provided on this form, or if any certification provided on this form is incorrect.

Signature of Trustee/Authorized Signer

Name - please print

Date