



Unsettled Participant Direct Rollover Payment Direction

Important Information about this form

- Use this form for unsettled participant direct rollover payments.
- For unsettled payments previously payable to the participant use the *Unsettled Participant Payment Direction* form.
- For unsettled payments previously payable to the Trustee of the Plan, use the *Unsettled Trustee Payment Direction* form.
- A new Form 1099R will be issued by January 31st of the following year if Option B in Section 3 is selected for the unsettled payment and will be mailed to the Participant Address provided in Section 1 (or electronically delivered if previously elected by you).
- 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 items crossed out or changed using correction fluid).

Completed documents can 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 _____ **Plan (“the Plan”)** _____

Contractholder Name _____ 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 _____

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. This option is NOT available for Option A or B. Settlement Option C, D, or E must be indicated on the spreadsheet and must apply to ALL participants on the spreadsheet. All applicable information must be provided, and it must 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 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

Provide payee name of the unsettled participant rollover payment: _____

3. Settlement Options – Select one

Select an option below to reissue the unsettled payment.

A – Rollover to an IRA or Retirement Plan

Roll over my payment to the following (select one):

- Traditional IRA (applicable if the distribution contains only non-Roth funds)
- Roth IRA (both Roth and non-Roth funds as applicable)
- Split my distribution between a traditional and Roth IRA (Non-Roth funds to a traditional IRA and Roth funds to a Roth IRA)
- Employer sponsored qualified plan:
- The Trustee of

Plan Name _____

Payment instructions for the rollover payment:

Rollover to the following John Hancock product. *Your funds will be transferred automatically by wire. You must provide the account number. For more information contact John Hancock at 1-888-695-4472.*

John Hancock Investments Rollover IRA

Traditional IRA Account Number: _____

Roth IRA Account Number: _____

OR

Rollover to another financial institution or employer sponsored qualified plan

Traditional IRA Account Number: _____

Roth IRA Account Number: _____

Plan Account Number for employer sponsored qualified plan _____

Financial Institution Name _____

Financial Institution Address – Street, City, State, Zip Code, Country _____

Electronic Fund Transfer Information (REQUIRED)

Note: If you have selected a direct rollover to a John Hancock IRA, you do not need to complete the following section.

If electronic fund transfer information is not provided, a check will be issued and mailed to the participant address provided in Section 1 unless one of the following is selected:

Issue payment as a check and mail it to the financial institution address provided above.

OR

Issue payment as a check and mail it 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

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 directly to Participant – All applicable taxes will be withheld

The following information for the participant must be provided for correct 1099R tax reporting.

Date of birth:

Month	Day	Year	

 Date of termination:

Month	Day	Year	

If the early distribution exception code applies, check here. (Code 2 will be applied)

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

Federal Tax Withholding Instructions

For an eligible rollover distribution, such as a partial or lump sum paid to you, you are subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. You can choose a rate greater than 20% for federal withholding by completing the attached *Form W-4R Withholding Certificate*. You may not choose a rate less than 20%.

If you are neither a U.S. person nor a U.S. resident alien, 30% federal tax withholding will apply unless you attach a completed IRS Form W-9BEN.

I am neither a U.S. person nor a U.S. resident alien. Country of residence: _____

State Tax Withholding Instructions

Your withdrawal is also subject to any applicable state tax and state tax withholding.

State of Residence

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 Enter state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided on this form.

State of Residence	Options for State Tax Withholding
AR, DC, KS, MA, MD, ME, NC, NE, VA, VT	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.
CT	Generally, state tax withholding will be applied to your taxable distribution at the rate of 6.99%. However, if you elected a partial withdrawal, a flat dollar amount may be withheld instead, but the amount must be calculated based on a completed CT-W4P form provided to the Plan Administrator. If no amount is indicated, 6.99% will be withheld. I elected a partial distribution on this form and provided a completed CT-W4P to my Plan Administrator. The calculated amount to be withheld is: \$ _____
MI, IA	State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked: I elect to opt out of withholding. (This option is only available for residents of Michigan.) I am eligible to claim exemption of \$ _____; withhold tax only on the taxable, distributed amount that is in excess of the exempt amount. If you check one of the boxes above, you are required to return a completed Form W-4P to your Plan Administrator. Ensure that the election made above is consistent with the election made on your completed Form W-4P.
MN	State tax withholding of 6.25% will be applied to your taxable distribution unless one of the following boxes is checked: I elect to opt out of state tax withholding. Withhold _____ % or \$ _____
OK	State tax withholding at the minimum rate will be applied to your taxable distribution unless one of the following boxes is checked: I elect to opt out of state tax withholding. Withhold _____ % (minimum 4.75%)
CA, OR	I elect to opt out of mandatory state withholding.

AL, CO, DE, GA, ID, IL, IN, KY, LA, MO, MT, ND, NJ, NM, OH, SC, UT, WV, WI	<p>You may elect voluntary state income tax withholding by providing a percentage or whole dollar amount to be applied for state tax withholding here. Some states mandate a minimum and/or maximum percentage.</p> <p style="text-align: center;">_____ % or \$ _____</p>
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Electronic Fund Transfer Information (REQUIRED)

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

Mail the check 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.

C - Reissue 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.

Electronic Fund Transfer Information (REQUIRED)

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.

D – Deposit the unsettled payment into the Contract’s Cash Account – as permitted by the Plan Document

Available only if permitted by the plan document.

This option is only applicable to contracts that are currently active with John Hancock and the Plan 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.

E - Reinstate into the Participant’s Account

This option is only applicable to contracts that are currently active with John Hancock and the Trustee has determined that the unsettled amount can be properly reinstated to the participant’s account named above. 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. The Trustee is responsible for reviewing the participant’s 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. The total amounts listed below must equal the unsettled payment above.

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

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.

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.

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.

Under penalties of perjury, I certify the above statements.

Signature of Participant

Name - please print

Date

Signature of an Authorized Plan Representative is required unless payment is to be paid to the participant or as a rollover and is less than \$200.

5. Authorization

If the participant fails to sign the Signature section I, the undersigned, certify under penalties of perjury that, based on the plan sponsor's records, (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 consent 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

Department of the Treasury
Internal Revenue Service

▶ Give Form W-4R to the payer of your retirement payments.

1a First name and middle initial	Last name	1b Social security number
Address		
City or town, state, and ZIP code		

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals).....	2	%
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Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over –	Tax rate for every dollar more	Total income over –	Tax rate for every dollar more	Total income over –	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

*If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding.

Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments – 10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.