



Accumulated Retirement Account (ARA) Group Annuity Withdrawal - Eligible for Rollover John Hancock Life Insurance Company of New York

(hereinafter referred to as John Hancock New York or The Company)

- Do not use this form for mandatory distributions that are either (i) payable directly to the participant; or (ii) to be automatically rolled over directly into an Individual Retirement Plan (IRA). Use form GP4929NY for Mandatory Distributions.

Section A - General Information - To be completed by Company Plan Representative or Third Party Administrator.

Contractholder Name (Trustee)					Contract Number		
Participant Name (Last Name, First Name, Initial)			Date of Birth	Month	Day	Year	Social Security Number

Section B - Reason for Withdrawal - To be completed by Company Plan Representative or Third Party Administrator.

TE <input type="checkbox"/> Termination of Employment on As defined by contract	Month	Day	Year	QD <input type="checkbox"/> Qualified Domestic Relations Order (If alternate payee is the spouse.)
RE <input type="checkbox"/> Retirement	Month	Day	Year	VC <input type="checkbox"/> Withdrawal of Employee Voluntary Money
PD <input type="checkbox"/> Pre-Retirement				IR <input type="checkbox"/> Withdrawal of Rollover Money
DI <input type="checkbox"/> Disability				IO <input type="checkbox"/> Other Withdrawal - State reason below
DE <input type="checkbox"/> Death (If beneficiary is the spouse.)				

Section C - Total Withdrawal Details - To be completed by Company Plan Representative or Third Party Administrator.

Final Contribution for participant was/or will be for the pay period ending:

Month	Day	Year
-------	-----	------

Withdrawal will be processed after we receive the final contribution.

IRS Distribution Code for this Withdrawal

Vesting percentage(s) for: Employer Match % Other ER Money %
Profit Sharing % Other ER Money %

Options for Employer Unvested Money (**Money will be left in participant's account, invested in accordance with current instructions on file with John Hancock New York, if no option is selected:**)

- Transfer to Contract Cash Account for future allocation (Money will be credited to the Contract Cash Account)
- Use to pay outstanding John Hancock New York contract charges
- Leave as invested in participant's account until instructions are sent to John Hancock New York.
- Transfer unvested money from sub-accounts to the most conservative sub-account available under your contract? Yes No
- Refund to Plan Trustee for deposit in Plan's Trust Account

Section D - Loan Data - To be completed by Company Plan Representative or Third Party Administrator .

Are there any outstanding loans from the account? Yes No If **Yes**, what is the IRS distribution code to be used for the 1099R on the loan default?

If an outstanding loan exists, the outstanding loan balance will be defaulted. Depending on the distribution code, it may be treated as a distribution, and may be subject to tax withholding unless a check for the outstanding balance is enclosed with this form.

Section E - Partial Withdrawal Details - To be completed by Participant. Complete this section only if your request is to withdraw a portion of your account.

Amount of Partial Withdrawal (This amount should be net of any fees indicated in Section H.) \$ IRS Distribution Code for this Withdrawal

Please indicate the **Money Type** to be withdrawn and the amount. It is essential that you use the names that appear on the contract statements. The **Investment Option** is not mandatory. If left blank, John Hancock New York's standard withdrawal order will be used. (Please refer to your Plan Administrator for details.) Your Plan and the tax code may place restrictions on the money type that may be withdrawn. Check with your Plan Administrator to ensure that your withdrawal is processed from the correct money type. John Hancock New York relies on your instructions to process your withdrawal and is not responsible for determining or verifying the correctness of such instructions.

Example	Money Type (Mandatory)	Investment (Optional)	\$	%	Amount or Percentage
	ERMAT	NMM	✓		

Employee After-tax Withdrawal Details - To be completed by Company Plan Representative or Third Party Administrator

For withdrawals of Employee after tax money, were any of the contributions made before 1987?
 No Yes - Total after-tax contributions made prior to 1987? \$

If **Yes**, is the taxable portion to be determined under IRS pro-rating rules as required by IRC Section 72?
 Yes - If **Yes**, the distribution will include a pro-rated portion of earnings which will be taxable.
 No - If **No**, what is the amount of pre-1987 contributions being withdrawn at this time? \$

Section F - Payment Instructions - To be completed by Participant

FI For a direct rollover to a Qualified Plan, the name of the plan and if applicable, the account number must be indicated below. For a direct rollover to an IRA, you must provide your IRA account number below. If the rollover distribution includes after tax money, the after tax portion can only be made to a qualified defined contribution plan or an IRA. If the rollover distribution includes Roth 401(k) money, that portion can only be rolled over to a qualified Section 401(a) plan that accepts Roth rollover contributions or to a Roth IRA. If more than one recipient plan or account are to receive the rollover, **please provide an additional copy of page 2 with payment instructions.** Failure to do so may result in a delay in processing your request.

Direct rollover to another Section 401(a) Qualified Plan, Section 403(b) Plan or Governmental Section 457 Plan. Trustee of Plan

Account No.

Complete Section 1 or 2 below.

OR

Rollover IRA - Account No. and/or Rollover ROTH IRA - Account No. **Complete Section 1 or 2 below.**

- NC** No Check, leave money in Contract as currently invested
- TR** Plan Trustee - *Trustee is responsible for disbursement of funds and all tax withholding and reporting to the IRS.*
- PA** Participant Directly - **Complete Section 1 or 2 below.** (Subject to mandatory Federal taxes and, if applicable, state taxes. Complete Section G on page 3.)
- BE** Beneficiary - **Complete Section 1 or 2 below.**

Method of Payment

Please ensure that the appropriate information is completed for **Section 1 or 2.**
 If payment is being made to more than one payee, please provide an additional copy of page 2 with payment instructions.

- Electronic Fund Transfer** - Complete Section 1. This option is recommended for **ALL** distributions for more timely access to your funds. Choose this option for distributions amounts over \$50,000.
- Check** - Complete Section 2. Allow 5-10 business days for mailing time. If payee information is left blank in Section 2, the check will be issued with the taxpayer's name and mailing address as indicated in Section 2.

Section 1 - Electronic Fund Transfer

Electronic Fund Transfer Information		Taxpayer Address for 1099R	
Percentage / Amount % \$ <input type="checkbox"/> <input type="checkbox"/>		Social Security No. - If tax payer is different from name of payee.	
<input type="checkbox"/> Wire or <input type="checkbox"/> ACH. If ACH , select account type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings			
Bank Name		Name - First Name, Initial, Last Name	
Bank Address - Number, Street			
City	State	Zip Code	Address - Number, Street, Apt.
Bank ABA Number	Account Number		
Credit Party Name (must include participant name/alternate payee name)		City	State Zip Code
Attention/Re			

OR

Section 2 - Check

Payee to appear on check		Taxpayer Address for 1099R	
Percentage / Amount % \$ <input type="checkbox"/> <input type="checkbox"/>		Social Security No. - If tax payer is different from name of payee.	
Social Security No.		Name - First Name, Initial, Last Name	
Name - First Name, Initial, Last Name or Name of Financial Institution or Name of Plan Trustee		Address - Number, Street, Apt.	
Address - Number, Street, Apt.		City	
City			

Section G - Tax Withholding - To be completed by Participant.

Federal

Distributions of taxable contributions plus earnings on all contributions are subject to federal income tax. Federal law requires that 20% of the taxable amount of the distribution be withheld, unless payment is directly rolled over to another Section 401(a) qualified plan, Section 403(b) Plan, Governmental Section 457 Plan, or IRA. The amount withheld may not represent your entire tax bill. Please refer to the information provided by your Plan Administrator regarding these tax rules and check the appropriate box below. Contact your tax advisor or IRS if you have any questions concerning withholding or these tax rules.

- 1. I have read the information provided and elect to receive a **full distribution of my benefit**. I understand that the **taxable** portion of my payment is subject to a 20% federal income tax withholding. Note: Taxes will not be withheld for amounts under \$200.
- 2. I have read the information provided and elect to make a direct rollover to a qualified account of the entire amount of my benefit, including all after-tax contributions, if any. See payment instructions above. I understand that no federal income tax will be withheld from my payment.
- 3. I have read the information provided and elect to receive all my after-tax contributions, and to make a direct rollover of the **taxable** portion of my payment to a qualified account. See payment instructions above. I do **not** want federal income tax withheld from my payment.

State If you elected Box 1 above (and federal income tax was withheld), then state income tax will be withheld from the taxable portion of your payment if you are a resident of **Arkansas, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Vermont or Virginia**. If you are a resident of **California or Oregon**, state income tax will be withheld unless you check Box 1, below. Some other states allow voluntary tax withholding. Residents of those states that allow voluntary withholding may elect to have state income tax withheld from the taxable portion of your payment by checking Box 2 below and entering the dollar amount or percentage to be withheld. **Additional information can be obtained by contacting your state's Department of Revenue.**

- 1. I do **NOT** want state income tax withheld.
- 2. Please withhold % \$ **OR** % of **federal income tax** amount from my distribution for state income tax.
- OR**
- % of **total taxable amount** from my distribution for state income tax.

Section H - Third Party Administrator (TPA) Withdrawal Fee - To be completed by Company Plan Representative or Third Party Administrator.

No fee will be applied if this section is not completed.

Deduct TPA Withdrawal Fee from participant account balance at the same time as this distribution is deducted and pay the Fee to the TPA currently on record with John Hancock New York. Flat Fee Amount \$

See attached - Include an attachment with fee details if there are multiple fees or multiple payees (e.g. QDRO, death beneficiaries).

The following conditions apply:

- John Hancock New York will use standard protocol order to deduct the fee.
- TPA withdrawal fee will generally be deducted from the account before the withdrawal amount.
- John Hancock New York is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on transaction and summary confirmations.

Section I - Signatures

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.

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).

You have full access to your account through the participant Website - www.jhnypensions.com or our toll-free service line 1 800 395-1113, while you are waiting for your withdrawal to be processed.

Signed at	City	State	This	Day of	Year
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Participant / Beneficiary (If applicable)				Name	
<input type="text"/>				<input type="text"/>	

If the participant/beneficiary fails to sign above, the authorized Plan representative below certifies, under penalties of perjury, that based on the plan sponsor's record, 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).

I certify that all the above information is complete and correct, that the required Participant elections and consent and, if applicable, spousal consent for married participants as required by IRC Sec. 417, 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 all necessary and applicable information required to be furnished to the Participant under IRC Sec. 417 and an explanation of the direct rollover option and related tax rules required by IRC Sec. 402 have been provided. I hereby direct John Hancock New York to pay to the Third Party Administrator the above referenced fee, which will be deducted from the participant's account at the time of the distribution. I understand and agree that these fees will be deducted and held in John Hancock New York's general business account 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, is authorized under the terms of the plan and that the plan's trustee or named fiduciary has determined that the fee requested is reasonable. I also certify that, if applicable under the terms of the Plan, the Participant has waived the 30-day waiting period. On behalf of the Plan sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless John Hancock New York, 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.

Signed at	City	State	This	Day of	Year
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Authorized Plan Representative				Name	
<input type="text"/>				<input type="text"/>	

Appendix

This Appendix is provided solely for the convenience of the Plan Administrator. None of the information provided in this Appendix shall be maintained or acted upon by John Hancock New York. This Appendix will be retained by the Plan Administrator and need not be submitted to John Hancock New York.

Section A

Contractholder Name (Trustee)						Contract Number									
Participant Name (Last Name, First Name, Initial)						Social Security Number									
Address - Number, Street, Apt.				City		State		Zip Code		Phone No.					
Date of Birth	Month	Day	Year	Date of Hire	Month	Day	Year	Date of Termination/Retirement	Month	Day	Year	Hours worked Year-To-Date During the Plan Year	<input type="checkbox"/> Less than 500	<input type="checkbox"/> Between 500 - 1000	<input type="checkbox"/> Over 1000

Section B - Waiver of Waiting Period

In general, you have a right to a period of at least 30 days to consider the decision of whether to elect a withdrawal from the day that you receive the Special Tax Notice from your Plan Administrator. However, if your plan permits, you may elect to waive this 30-day waiting period and have your benefit paid earlier. To waive the waiting period, check below: I wish to waive the 30-day waiting period

Section C - Spousal Consent

Spousal Consent - Complete for all account balances over \$5,000 or such lesser amount as applicable under your Plan if your plan is subject to the Joint and Survivor Annuity requirement. It is the responsibility of the Plan Administrator to determine if your Plan is subject to the Joint and Survivor Annuity requirement. John Hancock New York is not responsible for making such determination. For questions regarding your account balance, please contact your Plan Administrator. If applicable, complete either 1. or 2. below.

1. Certification of No Spouse

I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.

Executed this		Day of		Year	
Name of Participant				Signature of Participant	

2. Certification of Spouse

Before completing this section, please read carefully the information provided to you by your Plan Administrator or Third Party Administrator regarding the spouse's rights to the Joint and Survivor Annuity Payment form under the law and your Plan.

I, am the spouse of

I understand that I have the right to have

pay my spouse's retirement benefits in the special Qualified Joint and Survivor Annuity ("QJSA") payment form and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the special QJSA payment form and I may receive nothing after my spouse dies. I also understand that I cannot revoke my agreement once given.

I agree that my spouse can receive this withdrawal of his or her retirement benefits under the Plan in the form of a lump sum. I understand that my spouse cannot choose a different form of payment unless I agree to the changes or unless the change is to the QJSA payment form.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily and I have read the information provided by the Plan Administrator (or the Third Party Administrator) with respect to my rights to the QJSA payment form under the Plan.

I understand that if I do not sign this agreement, then my spouse and I will receive payments from the Plan in the special QJSA payment form.

Signed at		City	State	This	Day of	Year
Signature of Spouse - Must be Witnessed by a Notary Public or Plan Administrator						

The spouse whose signature is above and who is personally known to me to be such spouse, or provided to me on the basis of satisfactory evidence that he or she is such spouse has affirmed such signature in my presence as his or her free and voluntary act.

Executed under my hand and notarial seal

Signed at		City	State	This	Day of	Year
Signature of Notary Public						
Address						
State of						
County of						
Date the commission of the Notary Public expires						

OR

Signed at		City	State	This	Day of	Year
Signature of Plan Administrator						
Name of Plan Administrator						