



RETIREMENT PLAN SERVICES

# Withdrawal - Hardship

### Important information about this form

- As the participant, you complete page 1 and 2 of this form and return it to your Plan Representative.
- As the Plan Representative, you review page 1 and 2, 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 your request can be processed.
- A 1099R form will be issued by January 31 of the following year.

## 1 General Information

**The Trustee of** \_\_\_\_\_ **Plan** \_\_\_\_\_

Contractholder Name (Name of Employer) \_\_\_\_\_ 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 How much do you want to withdraw?

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.

### Elective Deferrals (excluding Roth) - Select only one option.

Maximum

**OR**

Amount \$ \_\_\_\_\_

Amount	Investment Fund Code (Optional)
\$ _____	_____
\$ _____	_____
\$ _____	_____

### All Other Money Types

Amount \$ \_\_\_\_\_

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

### 3 Tax Withholding

#### Federal Tax Withholding

Your withdrawal, if more than \$200.00, is taxable and is subject to Federal income tax withholding at the rate of 10%. If you do not want any Federal tax withheld from your withdrawal, check the box 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.

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

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

**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 \_\_\_\_\_ Enter state of residence at time of withdrawal if state tax withholding should be taken  
Residence \_\_\_\_\_ for a state other than the state provided to us.

#### State of Residence

AR, DE, IA, KS, ME, MD, MA,  
NC, NE, OK, VT, VA

#### Options for State Tax Withholding

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 \$ \_\_\_\_\_

### 4 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 - The payment is 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**

**OR** Bank Name \_\_\_\_\_ Bank ABA/Routing (9 digits) \_\_\_\_\_ Bank Account No. \_\_\_\_\_

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

### 5 Participant Signature

For participants 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 3.

Signature of Participant \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

## 6 Withdrawal Details

### IRS Distribution Code

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

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.

If a loan is active at time of distribution, we will apply the applicable age dependent loan distribution code.

## 7 Third Party Administrator (TPA) Withdrawal Fee

\$ _____	<b>OR</b>	% _____
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.**

## 8 Authorized Plan Representative Signature

If the participant fails to sign Section 5 - Participant Signature (page 2 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) unless indicated otherwise in Section 5.

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 also certify that, if applicable under the terms of the Plan, the Participant has waived the 30-day waiting period.

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