



Accumulated Retirement Account (ARA) Group Annuity Hardship Withdrawals

John Hancock Life Insurance Company of New York

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

• Use for Hardship Withdrawals only, not eligible for Rollover.

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

1. For Elective Deferrals (excluding Roth)

Is this a maximum withdrawal from employee elective deferrals? Yes No

If **No**, indicate dollar amount of withdrawal

\$

Indicate Investment and Amount (optional).

Investment	Amount

2. For all other Money Types, complete the following information.

Please indicate the money type to be withdrawn and the amount.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. Completing the investment option column is not mandatory. But, 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Your Plan and the tax code may place restrictions on the money type that may be withdrawn.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 your Plan 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.

Money Type (Mandatory)	Investment (Optional)	Amount
Example <i>ERMAT</i>	<i>NMM</i>	<i>\$1000</i>

IRS Distribution Code for withdrawal.

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

Federal

Distributions that are taxable are subject to federal income tax withholding at the rate of 10% unless you elect not to have federal withholding apply. If you elect not to have withholding apply, or if you do not have enough federal income tax withheld from your payment, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

We will withhold 10% of the payment made to you, unless you elect otherwise below. Contact your Plan Administrator, tax advisor or IRS if you have any questions concerning withholding.

Do you want federal income tax withheld from your payment? Yes No

If **Yes**, and you want an amount in excess of 10% withheld from your payment, please complete below.

Please withhold % \$ OR \$ from my distribution for federal income tax.

State

State of Residence

If you are a resident of **Arkansas, Delaware, Iowa, Kansas, Maine, Massachusetts, Oklahoma, Vermont or Virginia** and you elected to have federal income tax withheld, then state income tax will be withheld from the taxable portion of your payment. If you are a resident of **California, North Carolina or Oregon**, state income tax will be withheld unless you check Box 1. Some of the 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 D - Payment Instructions - To be completed by Participant or Company Plan Administrator.

PA Participant Directly - Complete Section 1 and/or 2 below

TR Plan Trustee - Trustee is responsible for disbursement of funds and all tax withholding and reporting to the IRS.

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 taxpayer is the beneficiary.	
<input type="checkbox"/> Wire or <input type="checkbox"/> ACH. If ACH, select account type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings		Name - First Name, Initial, Last Name	
Bank Name		Address - Number, Street, Apt.	
Bank Address - Number, Street			
City State Zip Code			
Bank ABA Number	Account Number	City State Zip Code	
Credit Party Name (must include participant name/alternate payee name)			
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 taxpayer is the beneficiary.	
Name - First Name, Initial, Last Name or Name of Plan Trustee		Name - First Name, Initial, Last Name	
Address - Number, Street, Apt.		Address - Number, Street, Apt.	
City State Zip Code		City State Zip Code	

Section E - 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 \$

- 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 after 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 F - 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.jhnpensions.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"/>
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"/>
Signature of Authorized Plan Representative				Name	
<input type="text"/>				<input type="text"/>	