



John Hancock USA Annuities Direct Transfer/Direct Rollover Request Form

INSTRUCTIONS

For use with Venture IRA, Roth IRA, SEP-IRA, SIMPLE IRA, Qualified Retirement Plans and 403(b) Annuity Plans only.

Use this form to:

1. rollover or transfer assets directly from an existing IRA or qualified retirement plan into a John Hancock USA IRA or qualified retirement plan;
2. rollover or transfer assets directly from a 403(b) plan to a John Hancock USA IRA or 403(b) plan; or
3. rollover or transfer assets from a Roth or traditional IRA to a John Hancock USA Roth IRA.

Note: Before completing this form, you should contact the transferring company to determine if they have any special requirements/paperwork for liquidation.

New Annuity Applicants: Check this box if proceeds from this transfer/rollover will be used to open a new annuity. Complete this form and forward it to the address listed in the Contact Information section. Be sure to include your completed annuity application, applicable State Replacement forms and any existing plan contracts or certificates.

Existing Annuity Owners: Check this box if you have a current qualified annuity with John Hancock USA and wish to use your existing annuity for this transfer. It is not necessary to complete a new application. John Hancock USA will request funds from the resigning trustee/custodian/issuer with this form. Be sure to include applicable State Replacement forms and any existing plan contracts or certificates.

Please provide us with your existing Venture Annuity contract number: _____

1. INFORMATION ABOUT YOU

Owner's name: _____ Social security number/TIN: _____

Annuitant's name (if different): _____ Social security number: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

2. REPLACEMENT QUESTIONS

No Yes Has Annuitant or applicant(s) any existing annuities or insurance?

No Yes Will the purchase of this Annuity replace or change any other insurance or annuity? If "Yes," please attach state replacement forms along with this form.

3. TRANSFERRING ACCOUNT INFORMATION

A) Existing financial institution/employer plan: _____

Street address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

Policy/Account #: _____ Policy/Account #: _____

For certificate of deposit: Maturity date: ____/____/____ Value at maturity: \$ _____

B) I authorize you to liquidate and transfer to John Hancock USA:

- The entire value A partial transfer of \$ _____ or _____% of my account above

C) My current policy (policies) is (are):

- Enclosed Lost/Destroyed

Note: If you are 70½ or older this year, you may not transfer or rollover Required Minimum Distribution amounts.

4. TRANSFER INSTRUCTIONS TO JOHN HANCOCK USA

Please transfer/rollover from: <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> Individual 401(k) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP/SARSEP <input type="checkbox"/> Money Purchase	<input type="checkbox"/> Inherited/Beneficiary IRA <input type="checkbox"/> SIMPLE IRA* <input type="checkbox"/> 457	<input type="checkbox"/> 403(b) <input type="checkbox"/> Defined Benefit Pension <input type="checkbox"/> Profit Sharing
Please deposit proceeds into: <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> Individual 401(k) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP <input type="checkbox"/> Money Purchase	<input type="checkbox"/> Inherited/Beneficiary IRA <input type="checkbox"/> SIMPLE IRA (from another SIMPLE)	<input type="checkbox"/> 403(b) <input type="checkbox"/> Defined Benefit Pension <input type="checkbox"/> Profit Sharing

*In the first 2 years, can only transfer to another SIMPLE plan.

5. AUTHORIZATION TO TRANSFER AND SIGNATURE(S)

I/We as Owner, Trustee/Custodian, or Eligible Participant to Receive a Distribution, as applicable, of the above named account, request the proceeds to be transferred or directly rolled over, as indicated, to an account established with John Hancock USA. I/We intend this transaction to be accomplished so as not to place me/us in actual or constructive receipt of the proceeds, so that it will qualify as a direct rollover or as a tax-free direct transfer of assets, as appropriate. Do not withhold for taxes. I/We request that my/our name(s) not appear as joint payee on the check nor shall any endorsement thereon be necessary for deposit. If my/our name(s) must be used, it/they must be preceded by "FBO," meaning "for the benefit of."

I understand that the proposed transfer or rollover may constitute a replacement of an existing life insurance policy or annuity contract and may have important consequences. I certify that the proposed transfer is in my best interest and has been undertaken based on an analysis of the features and benefits of both the existing and new policy or contract. I am further aware that if I request a full or partial liquidation of my account prior to a maturity date, I may be subject to surrender or withdrawal penalties from the transferring institution named in Section 2.

Please visit our Web site (address below) for important information regarding replacements.

Signature of Owner, Trustee/Custodian, Participant: _____ Date: ____/____/____

Signature of Irrevocable Beneficiary: _____ Date: ____/____/____

6. ACCEPTANCE OF ASSIGNMENT (JOHN HANCOCK TO SIGN)

John Hancock Life Insurance Company (U.S.A.) agrees to accept as an issuer on behalf of the above named Owner/Participant, the assets being directly transferred from the above referenced account(s). With respect to 403(b) plans, John Hancock USA agrees to accept transfers to a 403(b) plan in conformity with the rules found in Revenue Ruling 90-24, if applicable, and the Treasury Regulations. Please do not withhold taxes from the proceeds.

By, _____ Date: ____/____/____
AUTHORIZED SIGNATURE TITLE

Please make check payable to **John Hancock USA**.

For the benefit of: _____ Contract #: _____

7. CONTACT INFORMATION



Mail this form to:
 John Hancock USA
 P.O. Box 55230
 Boston, MA 02205-5230

Overnight address:
 John Hancock USA
 601 Congress St.
 Boston, MA 02210-2805



For assistance call:
 1-800-344-1029



www.johnhancockannuities.com