



# John Hancock USA Annuities Withdrawal Request Form

## INSTRUCTIONS

**Use this form to:** request a one time withdrawal of assets independent of the Income Plan Program.  
Please be sure to read both pages of this form.

**We recommend that you review your prospectus for further details regarding the impact of withdrawals.**

## 1. OWNER INFORMATION (Please complete as applicable)

Account #: \_\_\_\_\_ Owner's phone #: (\_\_\_\_\_) \_\_\_\_\_  
Owner's name: \_\_\_\_\_ Social security number/TIN: \_\_\_\_\_  
Co-Owner's name: \_\_\_\_\_ Social security number/TIN: \_\_\_\_\_  
Broker's name: \_\_\_\_\_ Broker's phone #: (\_\_\_\_\_) \_\_\_\_\_

## 2. WITHDRAWAL INSTRUCTIONS (Please select A or B)

A **Medallion Signature Guarantee** is required if your withdrawal amount is \$100,000 or greater. (Fax requests are not accepted for this option).  
If this is a Direct Rollover, a signed Letter of Acceptance is required by the accepting company. Section 5 is required for 403(b) contracts.

**Please select one:**

**A) ☐ Full Surrender**

**B) ☐ Partial Withdrawal** (Please select a, b, or c below)

- a) ☐ Maximum Free Amount (pro-rate from all funds only)  
b) ☐ Specific amount \$ \_\_\_\_\_ (withdrawal will be prorated, and taxes deducted from this amount)  
☐ Net of surrender charges (default) ☐ Deduct surrender charges  
c) ☐ Fund Specific (specify fund(s) and amount(s) below)

\$ \_\_\_\_\_ from the \_\_\_\_\_ portfolio \$ \_\_\_\_\_ from the \_\_\_\_\_ portfolio  
\$ \_\_\_\_\_ from the \_\_\_\_\_ portfolio \$ \_\_\_\_\_ from the \_\_\_\_\_ portfolio

**Please note the following if your contract has the Principal Plus or Principal Plus for Life Rider:**

Withdrawals will be taken in accordance with our default procedures; you may not specify the investment option from which a withdrawal is to be made. Please refer to your prospectus for more information.

Withdrawals in a Contract Year that exceed the Guaranteed Withdrawal Amount may result in a reduction of your Guaranteed Withdrawal Balance to an amount less than your original investment. Withdrawals in excess of the Lifetime Income Amount, if applicable, may result in a decrease of the Lifetime Income Amount.

## 3. FEDERAL INCOME TAX WITHHOLDING (Please select A, B or C)

**Please select one:** (Note: if no option is selected, 10% (20% for 403(b) TSAs) will be withheld for Federal Taxes.).

**A) ☐ I do not want to have Federal Income Tax withheld**

**B) ☐ Please withhold 10% (20% for 403(b)) for Federal Income Tax Withholding**

**C) ☐ Please withhold \$ \_\_\_\_\_ or \_\_\_\_\_ %**

**Please note: Withholding will be deducted from the withdrawal amount.**

**Notice and Election for Amounts that are not eligible rollover distributions:** You may elect not to have withholding apply to your withdrawal. If you elect not to have Federal Income Tax withheld, you may be liable for payment of Federal Income Tax on the taxable portion of your withdrawal. You may not elect out of withholding if you have not provided us with your Social Security/Taxpayer Identification Number. A second option is to withhold the required 10% (20% for 403(b)) for Federal Income Tax from your withdrawal. You may also elect to have a flat dollar amount or another percentage withheld. Your distribution may also be subject to state withholding requirements. If you elect not to have withholding apply to your withdrawal, or if you do not have enough federal Income Tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur tax penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

## 4. DELIVERY OPTIONS

**Option 1: Mail** ☐ Regular (default) ☐ Overnight—A fee will be charged for this service

Address: ☐ Address of record (default) ☐ Alternate address (Medallion Signature Guarantee Required)

**Alternate Address, if applicable:** (Medallion Signature Guarantee is required if proceeds are going to alternate address. Fax requests are not acceptable for this option.)

STREET ADDRESS

CITY

STATE

ZIP

**Option 2: Wire** ☐ — A fee will be charged for this service

**IMPORTANT:** Please attach a voided check to this request. The voided check must be in the name of the **owner(s)**.

## 5. INSTRUCTIONS FOR 403(B) ANNUITY WITHDRAWAL REQUESTS

If your contract has an existing loan, please read the following information detailing criteria, which must be met prior to any withdrawal request being processed:

- For a full surrender of a 403(b) contract, your loan obligation must be satisfied prior to the full surrender.
- For a partial withdrawal of a 403(b) with an existing loan, the contract value after the withdrawal must be equal to or greater than the amount of the outstanding loan balance plus the required Federal Income Tax withholding of 20% as well as \$2,000.00 (the minimum contract value to keep contract active)

**The Internal Revenue Service rules governing 403(b) distributions are complex. Generally, distributions can not be made until one of the following triggering events occur. (Check one)**

- ☐ Death—Additional paperwork is needed. Please contact Client Services to request a Death Benefit Package.
- ☐ Attained age 59½.
- ☐ Separation of service—Confirmation from your employer may be required.
- ☐ Disability—Certification of Disability Form must be on file or must accompany this form.
- ☐ Financial hardship—A financial hardship is defined as an immediate and heavy financial need with no other resources reasonably available. A hardship withdrawal must not exceed the amount of the immediate need. **Pursuant to Internal Revenue Code Section 403(b) (11), the earnings on 403(b) salary reduction contributions cannot be distributed in the case of hardship (only the actual contributions may be distributed); therefore generally 403(b) contracts may not be fully surrendered based on hardship. Effective 1/1/99, hardship distributions are no longer Eligible Rollover Distributions.**

Salary reduction contributions made and interest credited to such amounts prior to 1/1/89 will be used to satisfy a withdrawal request before elective deferral contributions made after 12/31/88 can be withdrawn. Salary reduction contributions cannot be made into a 403(b) annuity or any other plan maintained by the Employer during the twelve months following a hardship withdrawal, and salary reduction contributions into the 403(b) annuity or other plan maintained by the Employer will be limited during the following plan year to the annual limit for salary reductions contributions minus salary reductions contributions for the plan year in which the hardship withdrawal was requested. The Company makes no warranty or representation regarding the tax consequences, if any, resulting from a hardship withdrawal. In addition, any payment made as a result of the representations herein does not constitute a determination by the Company that the withdrawal meets the standards for hardship withdrawals established by law or the Internal Revenue Service. This hardship withdrawal is based solely on the participant's representation in this request form.

## 6. AUTHORIZATION

**By signing below, I understand that this request is subject to all the terms and conditions of the contract and prospectus. I also understand that once this distribution is made and released by John Hancock Life Insurance Company (USA), it will not be reinstated to this contract. I certify that the information on this form is correct and accurate, and direct John Hancock Life Insurance Company (USA) to make the disbursement in accordance with the designation on this form. Furthermore, I certify that the Social Security/Taxpayer Identification Number provided on this form is correct and that I am not subject to backup withholding.**

(All registered owners must sign and date this form.)

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Co-owner: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medallion Signature Guarantee Stamp  
(if applicable)**

## 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

**Fax:**  
617-663-3160



**www.johnhancockannuities.com**