



Required minimum distribution request

Before you begin

Request a withdrawal over the phone.

Call us at 1-800-344-1029 to enroll in telephone withdrawal authorization over the phone and elect to take a one-time required minimum distribution or set up automatic withdrawals for current and future required minimum distributions. Representatives are available weekdays between 8 a.m. and 6 p.m. Eastern Time.

You can also complete this form entirely online.

- Visit the Forms tab on www.jhannuities.com.
- Find the Required minimum distribution request form.
- Click the green "Submit Online" button.
- Follow the step-by-step instructions.

Instructions for completing this form

Use this form to request that John Hancock calculate and make one or more withdrawals from your annuity contract to satisfy your IRS required minimum distribution (RMD). You can use this form to request either a one-time RMD withdrawal or automatic withdrawals for current and all future RMDs from your John Hancock annuity contract. If the contract for this request is an inherited/beneficiary account, please use the Inherited/beneficiary account required minimum distribution form (1307195).

Specified age for required minimum distributions

In general, you must begin required minimum distributions after you reach a specified age. For individuals born before July 1, 1949, minimum distributions are required after reaching age 70½. For individuals born after June 30, 1949, minimum distributions are required after reaching age 72.

Program considerations

John Hancock's calculation of any RMD withdrawal will reflect all previous withdrawals from your John Hancock annuity contract during the current tax year. That is, if you take withdrawals during the current tax year before submitting this request for an RMD withdrawal, John Hancock will calculate and process this RMD withdrawal from your annuity contract for the remaining RMD amount for the tax year.

Note: If you previously requested automatic RMD withdrawals from your John Hancock annuity contract, you do not need to resubmit this form unless you are requesting changes to the existing program.

A Medallion Signature Guarantee (MSG) is required when:


- Electronic fund transfer (EFT) is selected as the payment delivery method and you do not currently have an MSG for the EFT account on file.
- A signed application or confirmation application is not on file.
- A withdrawal check will be mailed to an address that is not the address of record.
- There was a change of the address on file within the last 15 days.
- The withdrawal request is for the amount of \$250,000 or more.


MSGs are used as an added security measure for your contract and may be obtained at most banks, financial institutions or credit unions. The MSG we receive must be an original; facsimiles or photocopies will not be accepted.


Please review your contract and/or prospectus for further details regarding the impact of withdrawals.


Contact us

 **Website**
www.jhannuities.com

 **Phone**
1-800-344-1029
Weekdays 8 a.m. to 6 p.m. ET

 **Fax**
1-617-663-3160

 **Return instructions**
See the end of this document for return instructions.

 **Instructional Video**
Click here or visit www.jhannuities.com and click on the Forms tab.

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)
Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY

1. Information about you

Contract owner information

Contract number _____

Owner's name (or custodian's name, if applicable) (First) _____

MI _____

Last _____

Social Security number (or TIN) _____

Date of birth (MM/DD/YYYY) _____

Default withholding rules will apply in sections 4 and 5 if you do not provide your SSN or TIN.

Phone number _____

Mobile number _____

Email address _____

Address (Street) Please check if the address provided is a permanent address change for all your annuity contract(s).

City _____

State or country (if outside the U.S.) _____

Zip code _____

Financial representative's name (if applicable) (First) _____

MI _____

Last _____

Phone number _____

2. Distribution instructions (Please complete A or B)

If you have a variable annuity, your withdrawal(s) will be taken proportionally from each of your portfolio options.

A. Automatic distribution program (default) – Your RMD will be sent each year automatically.

- New program Change existing program Terminate RMD program

Frequency

- Monthly Quarterly Semi-annually Annually (default)

Start distributions on¹ _____ – Select a day of the month between the 1st and the 28th.
Date (MM/DD/YYYY)

B. One time distribution² – Your RMD amount will be calculated and sent for the current year only.

Distribution on _____ – Select a day of the month between the 1st and the 28th.
Date (MM/DD/YYYY)

- If you were born after June 30, 1949, you generally must begin to take RMDs once you reach age 72. Your first year RMD must be distributed by April 1 of the year following the year you reach 72. Check here if you would like to take your first year RMD immediately.**

This option is available only if the distribution will occur prior to April 1 of the current year, and we will pay that distribution in a single sum. Please indicate when you would like to start your current year distribution on the line above in section 2A or 2B. If you check this box, you will receive last year's RMD amount immediately. We will then use the selected run date above to begin distributing the current year's RMD amount.

- Check here to use the Joint Life Expectancy calculation.** To be eligible for this calculation, your sole designated beneficiary at all times during the year must be your spouse who is more than 10 years younger than you. If you choose this option, please be sure to include your spouse's date of birth in the space provided below.

Spouse's date of birth _____
(MM/DD/YYYY)

If you wish to take an alternative amount besides your RMD amount, please submit a Withdrawal request form. Alternative amounts will not be processed when submitted with this form.

¹ Withdrawals will commence on the first available business day if: 1) no start date is indicated, 2) the selected date falls on a nonbusiness day, 3) the form is received after 4 p.m. Eastern time, or 4) the form is received after the requested start date.

² If the contract has an existing RMD automatic distribution program, it will be stopped after the one time distribution. One time distributions may adversely impact the guarantees provided by a Guaranteed Minimum Withdrawal Benefit.

3. Federal income tax withholding

You must provide your U.S. residence address in order to elect no withholding. If you elect not to have income tax withheld from your distribution, or you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you choose the automatic distribution program, your federal withholding election will remain in effect until revoked and you may revoke your withholding election at any time.

John Hancock will withhold 10% from the taxable portion of your distribution, unless you elect otherwise below.

DO NOT withhold federal income tax.

Withhold \$ _____ or _____% of federal income tax.

The dollar amount or percent must equal at least 10% of the taxable portion of your distribution. If the amount requested is less than 10% of the taxable portion of your distribution, John Hancock will default to 10%.

i In order to elect out of withholding, you must provide your full Social Security number or Taxpayer Identification Number in section 1 of this form or already have a completed IRS Form W-9 on file with us.

4. State income tax withholding

State income tax withholding may also apply to the taxable portion of your distribution. The applicable state withholding rules are outlined below. Please note that state income tax applies even if the state allows you to elect out of withholding. If you choose the automatic distribution program and your state allows you to make a withholding election, the election you make will remain in effect until you notify us to change it.

• **If you reside in Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, or Virginia,*** state income tax withholding is required whenever federal income taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your distribution. You cannot elect out of state withholding when federal tax is withheld.

* **If you reside in Virginia** and you elect out of federal withholding, you are not subject to state withholding. However, state income tax will still apply. Virginia does not permit state withholding on any distribution from an IRA. If your contract is a 403(b) or other qualified contract, you may request that we withhold Virginia income tax from your withdrawal by providing us with a completed Form VA-4P. The Virginia form is available on the Forms tab of our website at www.jhannuities.com.

• **If you reside in Arkansas,** state withholding is required when federal taxes are withheld. We will apply the Arkansas default withholding rate to the taxable portion of your distribution. However, you can elect out of Arkansas state withholding by providing us with a completed Form AR4P. The Arkansas form is available on the Forms tab of our website at www.jhannuities.com.

• **If you reside in California, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey, New Mexico, or Wisconsin,** you may elect in or out of state withholding. If you elect to have state tax withheld, you must specify a whole dollar amount of at least \$10 to withhold. We will not withhold state tax unless you enter an amount below.

Please **do not** withhold state income tax. Please withhold \$ _____ (whole dollar amount of at least \$10).

• **If you are an individual residing in Connecticut,** state income tax withholding applies to your distribution, and you must provide a completed Connecticut Form CT-W4P. If you do not provide a properly completed Form CT-W4P, we must withhold 6.99% of the taxable portion of your distribution. If a distribution results in a full surrender of the contract, state withholding is a mandatory 6.99%. The Connecticut form is available on the Forms tab of our website at www.jhannuities.com.

• **If you reside in the District of Columbia,** withholding is required if the distribution results in a full surrender of your contract. We must withhold using the District's highest income tax rate.

• **If you reside in Michigan,** state tax withholding requirements depend on your age and the amount of the distribution. Please provide a completed Michigan Form MI W-4P to claim any exemptions. The Michigan form is available on the Forms tab of our website at www.jhannuities.com.

• **If you reside in North Carolina or Oregon,** you may elect to have state tax withheld or not to have state tax withheld. If you elect to have state income tax withheld we will apply the state's default withholding rate.

Please **do not** withhold state income tax. Please withhold state income tax at the default rate determined by my state.

• **If you reside in Puerto Rico,** we are generally required to withhold 10%.

• **If you reside in Vermont,** state withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.

Please **do not** withhold Vermont taxes.

• **If you reside in Alaska, Arizona, Florida, Hawaii, Kentucky, Mississippi, Nevada, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Washington, or Wyoming,** either your state has no applicable income tax or the state has no provision for withholding on withdrawals from a qualified plan or contract. Therefore, we cannot withhold state tax.

If you reside in a state not listed above, state tax withholding is completely voluntary. If you would like state taxes withheld, please provide a whole dollar amount of at least \$10 or a percentage to be withheld. Please withhold \$ _____ or _____% for state income tax.

4. State income tax withholding (continued)

Withholding for non-U.S. persons – If you are not a U.S. person, the above federal and state withholding rules do not apply.

Instead, we are required to withhold 30% of the taxable portion of your distribution, unless your tax residence is in a country which has a tax treaty with the United States and that treaty provides an applicable exemption or reduced withholding rate for income distributed from a qualified retirement plan or contract. To claim the benefit of a tax treaty, you must provide a properly completed IRS Form W-8BEN, which must include the foreign Tax Identifying Number issued by your country of tax residence or an explanation of why you do not have one. If you do not have a foreign Tax Identifying Number, you must include a U.S. Taxpayer Identification Number (TIN) on the Form W-8BEN to claim treaty benefits. If you do not have a U.S. TIN, you may apply for one by submitting Form W-7 to the IRS. IRS Forms W-7 and W-8BEN and their instructions are available on the IRS website at www.irs.gov.

5. Delivery options

Select ONE of the following options. Unless otherwise instructed below, the payments will be mailed to the owner's address of record.

Option 1: **Electronic fund transfer (EFT)** – The payments will arrive in your financial institution account within 3-5 business days. If John Hancock does not have your banking instructions on file, in good order with a Medallion Signature Guarantee (MSG), or your contract is not eligible for EFT, your distribution will be sent to your address of record by regular mail. Please select one option below.

Send the payments to my checking or savings account:
 Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. We cannot send funds to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the bank registration unless there is an indication of their fiduciary status pre-printed on the check from the bank. Example: Jane Smith, POA.

- Checking
- Savings

Important: If you are unable to provide a voided check, please include a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owner(s) of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all contract owner(s) to certify that the information provided is correct.

| | | |
|---|---------------------|--|
| Owner's name | | |
| Address | | |
| City, State, Zip code | | Date _____ |
| Pay to the order of _____ | | \$ <input style="width: 50px;" type="text"/> |
| Bank name | | |
| Address | | |
| City, State, Zip code | | |
| For | | |
| : 1 2 3 4 5 6 7 8 9 : 0 1 2 3 4 5 6 7 8 9 0 1 2 3 : 0 1 2 3 | | |
| Bank routing number | Bank account number | Check number |

Please also complete the following information below.

| | | |
|-----------------------|--|----------|
| Financial institution | Routing/ABA number | |
| Account number | Name(s) listed on account | |
| Address (Street) | | |
| City | State or country (if outside the U.S.) | Zip code |

Option 2: **Regular mail to the address of record (default)** – The payments will arrive within 5-7 business days.

Option 3: **Please send the payments to an alternate address.**

Important: A Medallion Signature Guarantee is required if you choose to have the payments sent to an alternate address. The Medallion Signature Guarantee must be original; facsimiles will not be accepted.

| | | |
|----------------------------|--|----------|
| Alternate address (Street) | | |
| City | State or country (if outside the U.S.) | Zip code |

6. Signatures and authorizations**Medallion Signature Guarantee (MSG)**

- Yes No Have you selected electronic fund transfer (EFT) as your payment delivery method and do not currently have an MSG for an EFT on file?
- Yes No Have you changed the mailing address on file with John Hancock within the last 15 days?*
- Yes No Is the amount requested \$250,000 or over?*
- Yes No Have you opted to have your check sent to an alternate address?*

*Not applicable to New Jersey contracts.

i If you answered "YES" to any of the questions above, you **MUST** obtain an MSG. MSGs are used as an added security measure for your contract and may be obtained at most banks, financial institutions or credit unions. The MSG we receive must be an original; facsimiles or photocopies will not be accepted.

EFT authorization

I hereby authorize John Hancock Life Insurance Company (U.S.A.) ("John Hancock") to deposit annuity payments directly to my bank, savings and loan, or credit union ("financial institution") account, as indicated above. I authorize the financial institution identified above to accept such credit entries from John Hancock, and to credit my account at that financial institution in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution designated on this form to debit my account and refund such amount to John Hancock. I agree to direct my joint account owners, executor, administrators, or assignees to refund to John Hancock any payments that are made following my death so that they may be redistributed to my beneficiary(ies) or contingent annuitant(s), if applicable. I agree to hold John Hancock harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account

I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my bank account, as a result of mistake or otherwise, shall not subject John Hancock to any liability in excess of that owed to me under the applicable annuity contract. I understand that John Hancock is relying on the information that I have provided on this form, and further understand that John Hancock will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

If the financial institution account identified above is jointly owned, this authorization will not be effective without the signature of the joint bank account owner below.

Joint account owner EFT authorization

I agree to notify John Hancock upon the death of the contract owner and I agree to refund John Hancock any payments that are made to the financial institution account identified above following the contract owner's death or ineligibility. I understand that I may be personally liable, both individually and as a joint owner of the account identified above, for the amount of all benefit or survivor benefit payments with due dates after the death of the contract owner. If I am entitled to any benefit from the applicable annuity contract as a beneficiary or contingent annuitant of the contract owner, the amount of my liabilities may be deducted from the amount payable to me.

By signing this form, I am providing written permission for John Hancock Life Insurance Company (U.S.A.) to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such report.

- I have read and understand all six (6) pages of this form, including the "Instructions for completing this form" section on page one.

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification instructions: You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

- I am subject to backup withholding as a result of a failure to report all interest and dividends.

6. Signatures and authorizations (continued)

i If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (“POA”), Guardian), please indicate your title by checking the appropriate box below your signature. If a title is not indicated or the owner’s full Social Security number or Taxpayer Identification Number is not included in section 1 of this form, mandatory tax withholding will apply unless we already have a completed IRS Form W-9 or applicable substitute on file with us.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

SIGN HERE _____ Today's date (MM/DD/YYYY)

Signature of owner (or fiduciary)

Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

Medallion Signature Guarantee Stamp
(if applicable)
MSG must be original and cannot be faxed.

Medallion Signature Guarantee Stamp
(if applicable)
MSG must be original and cannot be faxed.

SIGN HERE _____ Today's date (MM/DD/YYYY)

Signature of irrevocable beneficiary (if any)


EFT authorization for joint bank account owner

SIGN HERE _____ Today's date (MM/DD/YYYY)


Signature of joint bank account owner (if any)

Submission instructions

Please submit your completed and signed form via one of the following:

- National contracts** John Hancock Annuities Service Center
PO Box 55444, Boston, MA 02205-5444  **Fax** 1-617-663-3160
- New York contracts** John Hancock Annuities Service Center
PO Box 55445, Boston, MA 02205-5445
- All overnight mail** Annuities Service Center
John Hancock Insurance
410 University Avenue, Suite 55444, Westwood, MA 02090

Register online

 Create an online account and gain access to secure self-service tools and contract-specific details. Visit **www.jhannuities.com** and click on the “Register Now” link in the upper right-hand corner to register. Once registered, enroll in eDelivery to receive your contract documents electronically.