



**Withholding Election Notice:
Back Payment of Deceased Participant's Retirement Benefit to Participant's Estate**

1 Contract Information

Participant Name: _____ Group Annuity Contract Number: _____
Social Security Number: _____ Association Number: _____
Participant Date of Death: _____ Customer Number: _____

2 Estate's Information

You must also provide a completed IRS Form W-9 containing the Estate's taxpayer information. The IRS Form W-9 is attached. Instructions can be found at <http://www.irs.gov/Forms-&-Pubs>.

Estate Name: _____
Address: _____
(If mailing to a P.O. Box Address, a physical street address is also required.)
City: _____ State: _____ Zip: _____
Email Address: _____
Home Phone Number: _____ Work Phone Number: _____

Please note: A check will be mailed to the address provided in this section.

3 Tax Withholding

Please note: The Participant's retirement benefit which you will receive is **not** an eligible rollover distribution under the Internal Revenue Code and you **cannot** roll it over to an IRA or other qualified retirement plan.

If the Estate is a U.S. Entity, please complete this section to make your withholding election.

Federal Withholding: Federal law requires that we withhold 10% from the taxable portion of any lump sum benefit payable to a U.S. trust or estate, unless the taxpayer elects otherwise and provides both a taxpayer ID number and a U.S. address. If you elect not to have income tax withheld from your lump sum 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.

- Do not withhold federal income tax**
- Please withhold an additional \$ _____ or _____ % of federal income tax.**

3 Tax Withholding, continued

State Withholding: State withholding may also apply to the payment you receive under this Agreement. The state withholding rules are outlined below. Please note that state income tax will apply even if the state allows you to elect out of withholding.

The following states require state tax withholding whenever federal taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your payment if the Estate is domiciled in Iowa, Kansas, Maine, Massachusetts, Oklahoma, and Virginia. You may not elect out of state withholding if federal tax is withheld.

If the Estate is domiciled 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.

If the Estate is domiciled in Vermont, state withholding will apply whenever federal tax is withheld, unless you instruct us otherwise. Do not withhold Vermont taxes.

If the Estate is domiciled in Virginia and you elect out of federal withholding, you are not subject to state withholding. However, state income tax will still apply and you may request that we withhold Virginia income tax by providing us with a completed Form VA-4P.

If the Estate is domiciled in Michigan, state tax withholding applies to pension and annuity distributions and the requirements vary; please provide a completed Michigan Form W-4P to claim any available exemptions.

The following states allow you to either elect in or elect out of state withholding: California, Connecticut, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey, New Mexico, North Carolina, Oregon, and Wisconsin.

If the Estate is domiciled in one of these states, do you want state income tax withheld? Yes No

Please indicate the amount of state withholding you want: \$_____. Withholding must be in whole dollar amounts of at least \$10. Note that if you reside in North Carolina or Oregon, we will apply the state's default withholding rate.

4 Executor/Personal Representative Certification and Signature

This form is provided at your request and is not to be considered as an admission of the validity of any claim, nor a waiver of any of the Company's rights or defenses.

I affirm that all statements made herein are true and accurate. I understand that any person who, knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and/or civil penalties. Additionally, I certify that I have read the applicable **State Fraud Warnings** on page 4.

SIGN
HERE

Signature of Executor/Personal Representative: _____ Date: ____/____/____

5 Contact Information



To Mail This Form:

Fixed Product Administration
PO Box 55446
Boston, MA 02205-5664



Overnight Address:

Fixed Product Administration
30 Dan Road, STE. 55446
Canton, MA 02021-2809



To Fax This Form:

1-617-572-0355



Questions:

1-800-624-5155

Issuer: John Hancock Life Insurance Company of New York, Valhalla, NY

State Fraud Warnings

The following states have specific fraud statutes pertaining to insurance claims. States not listed may also have laws creating penalties for misrepresentation, intentional omissions or deceptive acts.

Alaska:

A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona:

For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California:

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware:

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia:

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii:

For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho:

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky:

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota:

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire:

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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 claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma:

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon:

Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent act, which is a crime.

Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files and 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 act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Texas:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia:

It is crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.