



1035 exchange, rollover or transfer

Important information

Use this form to accomplish a full or partial exchange of policies or contracts pursuant to Internal Revenue Code (IRC) Section 1035, a direct rollover from a qualified retirement plan or 403(b) contract or account, a direct transfer from an IRA or Roth IRA, or a transfer of funds from a non-qualified mutual fund, CD or brokerage account. For the purpose of this form, the receiving company will be referred to as John Hancock. Refer to the prospectus and any state-required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated. Complete one form for each surrendering company.

Please note the following:

- John Hancock will accept a transfer or rollover of funds to a 403(b) contract if an existing plan with an Information Sharing Agreement is on file.
- If transferring or rolling over funds into a 403(b) contract, the 403(b) owner/participant's employer must authorize and sign this transfer request in section 5.
- Not all lines of business are available with all products.
- If you are receiving a series of substantially equal payments in order to avoid the 10% early withdrawal penalty under Section 72 of the IRC, any partial transfer of funds into or out of your contract will be considered a modification, and result in the imposition of the 10% penalty to all previous and possibly subsequent withdrawals. Please consult your own tax professional for additional information.

Contact us



Website

www.johnhancock.com/annuities



Phone: 1-800-344-1029

Fax: 1-617-663-3160

TTY: 1-800-555-1158



Return instructions

See the end of this document for return instructions.

1. John Hancock contract information

Contract owner information

Contract number

Owner's name (First)

MI

Last

Date of birth (MM/DD/YYYY)

Phone 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

Co-owner information (if applicable)

Co-owner's name (First)

MI

Last

Date of birth (MM/DD/YYYY)

Phone number

Email address

Address (Street)

City

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

Zip code



2. Surrendering company account information

Complete one form for each surrendering company (if applicable).

Account type:

- ☐ Annuity contract
- ☐ Life insurance policy
- ☐ Other _____

Surrendering company account number _____

Surrendering company name _____ Phone number _____

Address (Street) _____

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

Owner's name or name of entity (First) _____ MI _____ Last _____

Co-owner's name or name of entity (First) _____ MI _____ Last _____

Insured/annuitant's name (First) _____ MI _____ Last _____

Co-insured/annuitant's name¹ (First) _____ MI _____ Last _____**3. Exchange, rollover or transfer information**Complete either **section A, B or C**, depending on the account type you are surrendering.**A. From a non-qualified annuity, endowment or life insurance policy**

Select either a full or partial exchange:

- ☐
- Full exchange**
- (must also complete section 4)

Estimated transfer amount: \$ _____ (Amount required if this option is selected.)

- ☐
- Partial exchange**
- (applicable to annuity contracts only)

☐ Transfer amount: \$ _____☐ Percentage: _____ % with an estimated amount of \$ _____ (Amount required if this option is selected.)☐ Penalty free amount: \$ _____ (Amount required if this option is selected.)

This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount.

Note: Please confirm the availability of these options with the surrendering company.**B. From a non-qualified mutual fund, CD or brokerage account**

Select the account type:

- ☐ Mutual fund shares
- ☐ Certificate of deposit (CD)
- ☐ Brokerage account

Select the value you wish to liquidate and transfer:

- ☐
- Entire value**
- (must also complete section 4)

Estimated transfer amount: \$ _____ (Amount required if this option is selected.)

- ☐
- Partial value**

☐ Transfer amount: \$ _____☐ Percentage: _____ % with an estimated amount of \$ _____ (Amount required if this option is selected.)¹ Not available for AnnuityNote.

3. Exchange, rollover or transfer information (continued)**C. From a qualified retirement account**

Select the account type from which you are transferring:

- ☐ 403(b)² ☐ 457(b) plan ☐ Roth IRA³ ☐ Traditional IRA ☐ 401(a)
☐ 401(k) ☐ Pension plan ☐ SEP-IRA ☐ SIMPLE IRA ☐ Inherited/Beneficiary IRA
☐ Other _____

Select either a full or partial direct rollover or transfer:

- ☐ **Full rollover or transfer** (must also complete section 4)

Estimated transfer amount: \$ _____ (Amount required if this option is selected.)

- ☐ **Partial rollover or transfer**

☐ Exchange amount: \$ _____

☐ Percentage: _____ % with an estimated amount of \$ _____ (Amount required if this option is selected.)

☐ Penalty free amount: \$ _____ (Amount required if this option is selected.)

This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount.

Complete if transferring from an IRA:

Current year's required minimum distribution calculated by previous carrier: \$ _____

4. Special instruction if liquidating surrendering account

Select when you would like the liquidation to occur:

- ☐ As soon as possible after receipt of all necessary forms (**default**)

☐ At maturity date: _____
MM/DD/YYYY

☐ On a specific date: _____ (Date must be prior to the maturity date of the existing account.)
MM/DD/YYYY

Note: All paperwork will be forwarded to the surrendering company as soon as the information is verified.**If applicable, also select the following:**

- ☐ Take out required minimum distribution amount prior to liquidation

5. Signature(s) and authorizations

By signing this form, I understand to the best of my knowledge and belief that:

For requests from a non-qualified annuity, endowment or life insurance policy

- I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance or endowment policy, all of the annuity contract or part of the annuity contract identified in section 2 to John Hancock. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by John Hancock. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the surrendering contract. Other than the above-mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the contract, has an interest in said contract. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that John Hancock intends to surrender the contract for the cash value, or if this is a partial exchange of an annuity contract, the portion assigned, subject to its terms and conditions. I authorize the surrendering company to send the proceeds directly to John Hancock and understand that fees and surrender charges may apply. This exchange is subject to acceptance by John Hancock. John Hancock is not liable for changes in market value that may occur before the proceeds are received by John Hancock in good order and allocated to the contract. Prior to the date of receipt of the proceeds by John Hancock, no value will accrue or be earned on the John Hancock contract.
- If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the John Hancock contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the John Hancock contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

² All existing 403(b) loans must be reconciled with your surrendering company prior to the transfer.

³ Roth IRA funds can only be transferred to another Roth IRA.



5. Signature(s) and authorization(s) (continued)

- If this is a partial exchange, I expressly represent that the sole purpose of this transaction is to effect a partial 1035 exchange of an annuity contract. Under Rev. Proc. 2011-38 there is a 180-day period after any partial 1035 exchange during which any withdrawals, owner changes or annuitizations for less than a term of 10 years or life may be subject to adverse tax treatment. I understand that if I take a withdrawal during this period, the IRS will apply general tax principles to determine the nature of the transaction and may modify the tax treatment accordingly. I understand that there are no statutory exceptions to this provision. I acknowledge that John Hancock is not responsible for any adverse tax consequences that may arise from a withdrawal or other transaction in the 180-day period following a partial 1035 exchange, and I agree to consult a tax professional before requesting any distributions during this period.
- I authorize John Hancock to rely upon the cost basis information provided by the surrendering company, but agree that John Hancock will assume no responsibility for determining or verifying that cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that John Hancock provides this form and participates in this transaction as an accommodation to me. John Hancock does not give tax or legal advice and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other regulations.
- I agree that if John Hancock, in its sole discretion, determines that it is unlikely to receive timely payment of the full cash surrender values, John Hancock may reassign ownership back to me.

For requests from a non-qualified mutual fund, CD or brokerage account

- John Hancock will apply all such funds received to my annuity contract. I understand that John Hancock assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state, and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when John Hancock receives these proceeds and all other necessary paperwork in good order.

For requests from a qualified retirement account

- If this request is for the direct transfer of non-ERISA assets from the 403(b) (annuity contract) or 403(b)(7) (custodial account) identified in section 2 to a 403(b) (annuity contract) by John Hancock, I hereby agree to surrender my interest as indicated in section 3 and authorize John Hancock to take whatever action necessary to effect this transfer. I further agree that the transferred funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer of funds pursuant to IRS final regulations. It is to be executed from financial institution to financial institution in such manner that it will not place me in actual or constructive receipt of all or any part of the transferred funds. Because this transaction constitutes a transfer of funds and not a distribution, withholding does not apply. I will provide to John Hancock any records or documents they may request with respect to this transfer.
- I understand that the failure of a transfer to meet all of the requirements of Treasury Regulation Section 1.403(b)-10(b)(2) or Treasury Regulation Section 1.403(b)-10(b)(3) can result in the disqualification of the annuity into which the transfer is completed, as well as all other 403(b) annuities owned by me. I have been advised to consult with my legal professional before making a transfer of funds from a 403(b) contract.

For all requests

- By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation.
- Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it (not applicable to partial 1035 exchanges on annuity contracts). To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry.



5. Signature(s) and authorization(s) (continued)



If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney ("POA"), Guardian, Executor), please indicate your title by checking the appropriate box below your signature and include any supporting documentation to substantiate your authority.

SIGN
HERE

Signature of owner (or fiduciary)

Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable):

☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Executor ☐ Other _____

SIGN
HERE

Signature of co-owner (or fiduciary) (if applicable)

Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable):

☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Executor ☐ Other _____

SIGN
HERE

Signature of irrevocable beneficiary (if applicable)

Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable):

☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Executor ☐ Other _____

Employer signature (for 403(b) to 403(b) transfers only)

By signing below, I acknowledge that:

- I am authorizing this transfer/rollover request.
- I am confirming that there is an information sharing agreement in place with John Hancock under 403(b) regulations.
- I am confirming that John Hancock's product is in my written 403(b) plan.
- All information provided on this form is accurate.

SIGN
HERE

Signature of employer

Today's date (MM/DD/YYYY)

Print name (First)

MI

Last

Title



6. Acceptance of 1035 exchange, rollover or transfer**FOR JOHN HANCOCK USE ONLY.****For full 1035 exchanges:**

By signature of an authorized officer below, John Hancock accepts assignment of the contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue a check payable to John Hancock, the owner of the contract, for the full cash surrender value of the contract. Because John Hancock must know the cost basis, we request that you forward this information with the surrender check to the address provided.

Note: Any income on the exchange of this contract should be reported to the previous contract owner, not to John Hancock.

For partial 1035 exchanges:

By signature of an authorized officer below, John Hancock accepts the assignment of a portion of the value of the contract for purposes of complying with the contract owner's intent to effect a non-taxable partial exchange under IRC Section 1035. Please issue a check to John Hancock for the assigned portion of the contract value. Because John Hancock has to obtain the contract owner's cost basis, we request that you forward this information to John Hancock with the surrender check to the address provided.

For trustee transfers/direct rollovers from tax-qualified accounts:

John Hancock will deposit funds received into a:

- | | | | | |
|---------------------------------|---------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> 403(b) | <input type="checkbox"/> 457(b) plan | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> 401(a) account #: _____ |
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> Pension plan | <input type="checkbox"/> SEP-IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Other _____ |

**SIGN
HERE**_____
Signature of authorized signer_____
Today's date (MM/DD/YYYY)_____
Print name (First)_____
MI_____
Last_____
Title**Return 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**

Go to www.johnhancock.com/annuities to create an online account and gain access to contract-specific details and self-service tools. Once registered, select to receive your contract documents electronically under your Paperless settings.

