



Inherited/beneficiary account required minimum distribution request

Before you begin

You can also complete this form entirely online:

- Visit the forms page at johnhancock.com/annuities.
- Click to view the additional forms PDF at the bottom of the page.
- Find the Inherited/beneficiary account required minimum distribution request form in the “Withdrawal/loan request” section.
- Click the link to submit online and follow the step-by-step instructions.

Important information

Use this form to request that John Hancock calculate and make automatic withdrawals for current and all future required minimum distributions (RMDs) from your John Hancock annuity contract. If the contract for this request is a traditional retirement account, please use the Required minimum distribution request form (130714).

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.
- If funds have been or will be transferred from another carrier this year, that carrier is responsible for distributing the RMD with respect to its contract prior to transferring the remaining funds to John Hancock.
- John Hancock **will not** calculate an RMD for the calendar year in which the money was transferred from the previous carrier.

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.

Complete sections 4 and 5 to make your tax withholding elections. If you are not a U.S. person, please read section 6.


A Medallion Signature Guarantee (MSG) is required when:


- 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 information

 **Website:**
johnhancock.com/annuities

 **Phone:** 800-344-1029
TTY: 800-555-1158

 **Mail:**
See return instructions at end of this form.



1. Contract information

Contract number _____

Owner information:

Owner name (or custodian 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 _____

Email address _____

Address (Street) _____

City _____

State _____

Zip code _____

Country (if outside the U.S.) _____

Check here if address provided is permanent address change for your annuity contracts.

Financial professional name (if applicable) (First) _____

MI _____

Last _____

Phone number _____

2. Distribution instructions

A. Select whether you want to start, change, or terminate your automatic distribution program:

Under this program, your RMD will be sent each year automatically.

- New program
- Change existing program
- Terminate existing program

B. Frequency:

- Monthly
- Quarterly
- Semiannually
- Annually (default)

C. Start date:

The start date provided below must be in the calendar year following a transfer. We will automatically change your start date to the first available business day from receipt of this form if:

- No start date is indicated.
- The selected date falls on a nonbusiness day.
- The form is received after 4 P.M. Eastern time on the selected date.
- The form is received after the selected date.

Distribution start date: _____ (select a day of the month between the 1st and the 28th)
mm/dd/yyyy

3. Information from previous carrier

This information is only required if this contract was established as a transfer from a different carrier.

Decedent's date of death: _____
mm/dd/yyyy



4. 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 _____% for 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.

5. 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. 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.

State income tax applies even if the state allows you to elect out of withholding. Refer to your state of residence for its requirements.

A. 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.

B. 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 an amount to withhold. We will not withhold state tax unless you enter an amount below.

Do not withhold state income tax. **Withhold \$ _____** for state income tax (whole dollar amount of at least \$10).

C. Iowa, Kansas, Maine, Massachusetts, or Nebraska:

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.

D. North Carolina, Oklahoma, 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.

Do not withhold state income tax. **Withhold** state income tax.

Oklahoma only (optional): **Withhold an additional \$ _____** state income tax (whole dollar amount of at least \$10).

E. Arkansas:

State withholding is required when federal taxes are withheld. We will apply the Arkansas default withholding rate to the taxable portion of your withdrawal. However, you can elect out of Arkansas state withholding by providing us with a completed Form AR4P. The Arkansas form is available in the tax center on our website at johnhancock.com/annuities.

F. Connecticut: (individuals only)

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 in the tax center on our website at johnhancock.com/annuities.

G. District of Columbia:

State income tax 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.

H. Michigan:

State tax withholding requirements depend on your age and the amount of the withdrawal; provide a completed Michigan Form MI W-4P to claim any exemptions. The Michigan form is available in the tax center on our website at johnhancock.com/annuities.

I. Minnesota: (individuals only)

State income tax withholding applies. You must provide a completed Minnesota Form W-4MNP to claim any applicable allowances or to elect out of state withholding. The Minnesota form is available in the tax center on our website at johnhancock.com/annuities.

J. Puerto Rico:

We are generally required to withhold 10%.

K. Vermont:

State withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.

Do not withhold state income tax.



Contract number: _____

5. State income tax withholding

L. 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 withdrawal. You cannot elect out of state withholding when federal tax is withheld. If 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 in the tax center on our website at johnhancock.com/annuities.

M. If you reside in a state not listed above:

State tax withholding is completely voluntary. If you would like state taxes withheld, you must specify an amount or a percentage to withhold.

Withhold \$ _____ (whole dollar amount of at least \$10) **or** _____% for state income tax.

6. Tax 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 that 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 irs.gov.

7. Payment 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 funds transfer (EFT)**—The financial institution (bank, savings and loan, or credit union) you elect to receive electronic deposits must be a member of the automated clearing house (ACH) network. Please contact your financial institution if you are unsure that it is a part of the ACH network. The financial institution account must be registered in the name of the John Hancock contract owners. Payments will arrive in your financial institution account within 3–5 business days. However, if your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.

Provide your account information below. Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. If a fiduciary (e.g., power of attorney, guardian, conservator, etc.) is the owner, their fiduciary status must be preprinted on the check (not applicable if the fiduciary is a joint owner). Example: Jane Smith, POA.

- Checking
- Savings

Owner name		
Address		Date _____
City, State, Zip code		
Pay to the order of _____		\$ <input type="text"/>
Financial institution name		
Address		
City, State, Zip code		
For		
i: 1 2 3 4 5 6 7 8 9 i:	0 1 2 3 4 5 6 7 8 9 0 1 2 3 ii:	0 1 2 3
Routing number	Account number	Check number

Financial institution _____

Routing/ABA number _____

Names listed on account _____

Account number _____

Important: If you are unable to provide a voided check, please include either a copy of a recent account statement or 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 owners of the financial institution account. If you provide a letter, the letter must be signed by an authorized party at the financial institution along with all contract owners to certify that the information provided is correct.

Option 2: **Check (default)**—The payments will be in the form of a check and mailed to your address of record within 5–7 business days.

Option 3: **Check to an alternate address**—The payments will be in the form of a check and mailed to the address below within 5–7 business days.

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

Alternate address (Street) _____

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



8. Signatures and authorizations

Medallion Signature Guarantee (MSG): (not applicable to New Jersey contracts)

- 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?



If you answered yes to any of the questions above and you do not reside in New Jersey, 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 Life Insurance Company of New York (John Hancock) to deposit annuity payments directly to my bank, savings and loan, or credit union (financial institution) account, as indicated on this form. I authorize the financial institution identified on this form 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 beneficiaries or contingent annuitants, 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 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 on this form is jointly owned, this authorization will not be effective without the signature of the joint 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 on this form 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 on this form, 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 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 the entirety of this form, including the important information included on page 1.

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.



8. Signatures and authorizations (continued)



If you are signing on behalf of an entity or other individual (e.g., Trustee, Power of Attorney, 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 rules 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.



Signature of owner (or fiduciary) _____ Date signed (mm/dd/yyyy) _____
Title (select one, if applicable): Trustee Power of Attorney Guardian Other: _____

Place Medallion Signature Guarantee stamp in below box
(if applicable). Must be original and cannot be faxed.

Medallion Signature Guarantee



FOR JOHN HANCOCK VERIFICATION USE ONLY.

Verification box

Irrevocable beneficiary:



Signature of irrevocable beneficiary (if any) _____ Date signed (mm/dd/yyyy) _____

EFT authorization for joint financial institution account owner:



Signature of joint financial institution account owner (if any) _____ Date signed (mm/dd/yyyy) _____

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

New York contracts:

John Hancock Annuities Service Center
PO Box 55445
Boston, MA 02205-5445

All overnight mail:

Annuities Service Center
John Hancock Insurance
372 University Avenue, Suite 55444
Westwood, MA 02090



Register online:

Go to 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.

