

Qualified charitable distribution request

Before you begin

You can also complete this form entirely online.

- Visit the forms page at johnhancock.com/annuities.
- · Find the Qualified charitable distribution form.
- Click the link to submit online and follow the step-by-step instructions.

Important information

Use this form to make a qualified charitable distribution (QCD) from your traditional IRA or Roth IRA.

- The distribution check must be made payable directly to the charitable organization.
- The \$100,000 limit is the aggregate amount of the qualified distributions made from all of your IRAs.
- If you make any **deductible** IRA contributions for a tax year ending on or after the date you reach age 70½, such contributions will reduce the amount of any QCD you can exclude from gross income.
- Amounts withdrawn over your required minimum distribution or allotted penalty-free amount (including interest) may be subject to withdrawal charges. Please review your prospectus and/or contract/certificate for further details regarding the impact of withdrawals.
- Please confirm that the organization you designate is eligible to receive QCDs, as John Hancock is not responsible for making this determination.
- John Hancock may furnish a copy of this document to the named organization. Please retain a copy for your own records and contact the charitable organization directly for a gift receipt.
- Consult with your own tax professional if you have any questions about this or any other tax matter.

Cont	act information						
Ó	Website: johnhancock.com/annuities	Ą	Phone TTY:	800-344 800-555		⊻	Mail: See return instructions at end of this form.
1. C	ontract information						
Contra	act number						
Owne	er information:						
Owner	's name (First)		MI	Last			Date of birth (MM/DD/YYYY)
Social	Security number (or TIN)	Phone number			Email address		
Addres	ss (Street) Please check if the	address provided is a p	ermanent a	iddress chan	ge for all your annui	ty contract(s).	
City		State				Zip code	Country (if outside the U.S.)
Financ	ial professional's name (if appli	cable) (First)	MI	Last			Phone number



Contract number:							
2. Qualified charitable dis	tribution information						
-		from your John Hancock IRA and re	equest that the organization named below				
	address provided in section 1 as the d	•					
Withdraw the following am	ount: (select one)						
Required minimum distrib	ution (RMD) amount for the current yea	r (this option is not available to Roth	IRAs or RMDs already distributed)				
☐ Other amount (not to exc	eed \$100,000.00): \$						
Legal name of charity			TIN				
Attention			Phone number				
Address (Street)							
City	State	Zip code	Country (if outside the U.S.)				
3. Signature and authoriza	ation						
request is subject to all the to and released by John Hancoo with the designation on this f form is correct, and I confirm contract/certificate may result also certify that this distribution Internal Revenue Code of 198	erms and conditions of the contract/ce ck, it will not be reinstated to this contr form. Furthermore, I certify that the ta a that the organization is eligible to rec ult in a surrender charge and that I may ution is in accordance with the provision 36, as amended.	ertificate and prospectus. I also und act/certificate. I direct John Hanco xpayer identification number of the ceive QCDs. I acknowledge that any y lose certain benefits if this contracts on the Tax Increase Prevention A	tified in section 2. I understand that this derstand that once this distribution is made seck to make the disbursement in accordance organization identified in section 2 of this distribution or full surrender of my annuity ct does not have a reinstatement provision. Act of 2014 and Section 408(d)(8) of the				
	U.S. persons only (including U.S. o	itizens, U.S. resident aliens, or o	other U.S. persons).				
Under penalties of perjury,	-	e i					
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) the notified me that I am no	at I am subject to backup withholding longer subject to backup withholding,	as a result of a failure to report all i and	interest or dividends, or (c) the IRS has				
	er U.S. person, including a U.S. reside						
withholding because you ha	s: You must check the box below if you ave failed to report all interest and divi	dends on your tax return.	you are currently subject to backup				
☐ I am subject to backup	withholding as a result of a failure to re	port all interest and dividends.					
The Internal Revenue Serv to prevent backup withhol		o any provision of this documen	t other than the certifications required				

SIGN HERE

Signature of owner (or fiduciary)

Today's date (MM/DD/YYYY)

fax: 617-663-3160

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

410 University Avenue, Suite 55444, Westwood, MA 02090

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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.

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York). **Issuer in New York:** John Hancock Life Insurance Company of New York, Valhalla, NY. 1307150 (5/22)

