



1035 Exchange/Rollover/Transfer Form

Instructions

This form can be used to accomplish a FULL or a PARTIAL Exchange of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for Transfers of Funds and Direct Rollovers. For the purpose of this form, the receiving company will be referred to as "The Company." Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application, and if applicable, 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 confirm that The Company will accept a 1035 Exchange into an existing non-qualified annuity contract or a transfer or direct rollover of funds into an existing tax-qualified contract.

If funds will be applied into an existing contract, please provide the existing Contract Number: _____.

Without this contract number, the funds will be applied to a new contract. There may be additional state specific forms required. The Company may not accept the exchange/rollover/transfer if the funds do not meet its minimum premium requirements.

John Hancock will accept a transfer/rollover of assets into a 403(b) if an existing plan with an Information Sharing Agreement is on file.

For a transfer/rollover of assets into a 403(b), the 403(b) owner/participant's employer must authorize and sign this transfer request in Section 10.

Not all lines of business are available with all products.

Important: Please note that if you are receiving a series of substantially equal payments in order to avoid the 10% early withdrawal penalty under Section 72 of the Internal Revenue Code, 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.

1 Contact Information

Surrendering Company Name (complete one form for each surrendering company): _____

Surrendering Company Account/Policy/Contract Number: _____

Annuity contract Life insurance policy Other _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

2 Surrendering company policy/account/contract information

Owner Name

Name (First, Middle, Last or Name of Entity): _____

Social Security number/TIN: _____

Co-Owner Name

Name (First, Middle, Last or Name of Entity): _____

Social Security number/TIN: _____

Insured/Annuitant Name

Name (First, Middle, Last or Name of Entity): _____

Social Security number/TIN: _____

Co-Insured/Annuitant Name (Not available for AnnuityNote)

Name (First, Middle, Last or Name of Entity): _____

Social Security number/TIN: _____

**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**

For Sections 3 through 5 complete ONLY ONE Section.
Sections 3 OR 4 are for NON-QUALIFIED Transfers. Section 5 is for QUALIFIED Transfers.

3 From NON-QUALIFIED ANNUITIES, ENDOWMENTS or LIFE INSURANCE POLICIES Only
 (Authorization for 1035 Tax-Free Exchanges: Non-qualified to Non-qualified)

Please confirm the availability of these options with the surrendering company.

ATTENTION:
 FOR QUALIFIED TRANSFERS
 SKIP TO SECTION 5

- Full Exchange - Estimated Transfer Amount \$ _____ (required)** **OR**
 Partial Exchange (Applicable to Annuity Contracts Only — Select ONE option below)

I wish to request a partial 1035 Exchange from the aforementioned annuity contract in the amount of:

\$ _____ or _____%, **OR** **Penalty Free Amount*** *This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount.

An estimated transfer amount is **REQUIRED** if a percentage was indicated or if the Penalty Free Amount box was checked.

Estimated Amount \$ _____

A. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to The Company. The sole purpose of this assignment is to affect 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 The Company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that The Company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by The Company. I authorize the surrendering company to send the proceeds directly to The Company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by The Company. The Company is not liable for changes in market value that may occur before the proceeds are received by The Company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by The Company, no value will accrue or be earned on The Company contract.

B. 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 new 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 new 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 new 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.

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 are 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 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.

C. I authorize The Company to rely upon the cost basis information provided by the surrendering company, but agree that The Company will assume no responsibility for determining or verifying 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 The Company provides this form and participates in this transaction as an accommodation to me. The Company 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.

D. I agree that if The Company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, The Company may reassign ownership of the policy/contract back to me.

4 From NON-QUALIFIED MUTUAL FUNDS, CDs or BROKERAGE ACCOUNTS Only

- Mutual Fund Shares** **Certificate of Deposit (CD)** **Brokerage Account**

**IF THIS TRANSFER IS
 FROM A QUALIFIED SOURCE
 SKIP TO SECTION 5**

Investment Description: _____

I wish to liquidate and transfer:

- Entire Value - Estimated Transfer Amount \$ _____ (required)** **OR**
 Partial Value, in the amount of: \$ _____ or _____% of the above referenced account directly to The Company.

Please indicate a specific maturity date in the SPECIAL INSTRUCTIONS FOR LIQUIDATING EXISTING CONTRACT OR ACCOUNT SECTION.

An estimated transfer amount is **REQUIRED** if a percentage was indicated.

Estimated Amount \$ _____

The Company will apply all such funds received to an annuity contract issued to me. I understand that The Company 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 The Company receives these proceeds and all other necessary paperwork in good order.

5 From **TAX-QUALIFIED RETIREMENT ACCOUNTS/CONTRACTS Only**

A. Transferred from:

- 403(b)*
 457(b) Plan
 Roth IRA**
 Traditional IRA
 401(a)
 Other _____
 401(k)
 Pension Plan
 SEP-IRA
 SIMPLE IRA
 Inherited/Beneficiary IRA

* All existing 403(b) loans must be reconciled with your current carrier prior to the transfer. **Roth IRA funds can be transferred only to another Roth IRA.

B. Must complete for ALL TRANSFERS:

- Full Exchange - Estimated Transfer Amount \$ _____ (required) **OR**
 Partial Exchange (Applicable to Annuity Contracts Only — Select ONE option below)
 \$ _____ or _____ %, **OR** Penalty Free Amount* *This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount.

An estimated transfer amount is **REQUIRED** if a percentage was indicated or if the Penalty Free Amount box was checked.

Estimated Amount \$ _____

C. Complete if transferring from an IRA account: Current year's Required Minimum Distribution calculated by previous carrier \$ _____

Authorization for a 403(b) transfer to a 403(b): This request for the direct transfer of non-ERISA assets from the 403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a 403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company 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. (Provide the receiving company with 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 advisor before making a transfer of a 403(b) contract.

NOTE for 403(b) contracts: Employer must acknowledge by signing in **Section 11**.

6 Special Instructions for Liquidating Existing Contract Account

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:

- If no box is checked,** I understand that the liquidation will be done as soon as possible.
- As soon as possible after receipt of all necessary forms
 At Maturity Date*: _____
 On a specific date*: _____
 (Date must be prior to the maturity date of the existing contract)

Additional Instructions regarding RMD

- Take out Required Minimum Distribution amount prior to Liquidation Request

***PLEASE NOTE:**
All paperwork will be forwarded to the surrendering carrier as soon as the information is verified.

7 Return of Life Insurance Policy or Annuity Contract

Does not apply to partial 1035 exchanges on annuity contracts. 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. 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.

8 Maximum Issue Age Disclosure

An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The Surrendering Company may or may not take the funds back, which could result in a taxable event.

9 Taxpayer Identification Number Certification (REQUIRED)

Under penalties of perjury, I certify that:

- The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above 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.

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

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

10 Signatures (REQUIRED)

SIGN HERE Signature of **Owner/Plan Administrator/Trustee**: _____ Date (mm/dd/yyyy): ____/____/____

SIGN HERE Signature of **Co-Owner/Co-Trustee** (if applicable): _____ Date (mm/dd/yyyy): ____/____/____

Signature of **Proposed Insured** (Life Only): _____ Date (mm/dd/yyyy): ____/____/____

Signature of **Spouse**: _____ Date (mm/dd/yyyy): ____/____/____
 (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)

Not Applicable to John Hancock

SIGN HERE Signature of **Irrevocable Beneficiary** (if applicable): _____ Date (mm/dd/yyyy): ____/____/____

Signature Guarantee (if applicable) (A separate guarantee is needed for each signature):

11 403(b) to 403(b) TRANSFERS ONLY—Employer Signature (Not available for AnnuityNote)

Not to be filled out if this is a 403(b) to IRA Rollover.

By signing below, I am acknowledging that:

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

Print Name of Employer: _____ Title of Employer: _____

SIGN HERE Signature of Employer: _____ Date (mm/dd/yyyy): ____/____/____

12 Acceptance of 1035 Exchange/Trustee Transfer/Direct Rollover—FOR THE COMPANY'S USE ONLY

a) For Full 1035 Exchanges:

By signature of an authorized officer below, The Company accepts assignment of the above contract for purposes of complying with the client's intention of affecting a nontaxable exchange under IRC Section 1035. Please issue a check payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract. Because The Company 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 policy owner, not to The Company.

b) For Partial 1035 Exchanges:

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

c) For Trustee Transfers/Direct Rollovers from Tax-Qualified Accounts/Contracts:

The Company 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 _____ |

Signature of Authorized Officer: _____ Date (mm/dd/yyyy): ____/____/____

13 Submission Instructions

Please enclose and mail to:

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 Contracts

Overnight Deliveries
 John Hancock Annuities
 Service Center
 30 Dan Road, STE. 55444
 Canton, MA 02021-2809

Questions:

1-800-344-1029

To fax this form:

1-617-663-3160

www.jhannuities.com