



Periodic payments Tax withholding election

Before you begin


You can also complete this form entirely online.


- Click on the "Find a form" box on johnhancock.com/annuities.
- Click to view the additional forms PDF at the bottom of the page.
- Find the Tax withholding election form in the "Maintenance" section.
- Click the link to submit online and follow the step-by-step instructions.


Important information

Use this form to elect your federal and/or state tax withholding for periodic payments from your annuity contract.

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 (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____
Default withholding rules will apply in sections 2 and 3 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 _____

Co-owner information (if applicable):

Co-owner name (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____
Default withholding rules will apply in sections 2 and 3 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.) _____



Contract number: _____

1. Contract information (continued)

Annuitant information (if different from owner):

Annuitant name (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____
Default withholding rules will apply in sections 2 and 3 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.) _____

Tax classification for contract owners that are not individuals:

Check the appropriate box below to indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- Trust Estate Partnership C Corporation
- S Corporation LLC taxed as partnership LLC taxed as C Corporation LLC taxed as S Corporation
- Other (specify, for example, Charity, Qualified retirement plan, Nonprofit): _____

For a single-member limited liability company (LLC) treated as a disregarded entity, provide below the name, taxpayer identification number (TIN) and tax classification of the owner of the LLC.

Name _____


TIN _____ Tax classification _____

2. 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 periodic payments, 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. Your federal withholding election will remain in effect until changed or revoked and you may revoke your withholding election at any time.

John Hancock will withhold federal income tax from the taxable portion of your payments, 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 periodic payments. If the amount requested is less than 10% of the taxable portion of your distribution, John Hancock will default to 10%.

 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.



3. State income tax withholding

State withholding may also apply to the taxable portion of your payments. The state withholding rules are outlined below. If you reside in a state that gives you withholding options, you must provide the information or forms requested below. If you do not, we will apply state withholding based on your state's default rules. Where your state gives you withholding options, your withholding elections below, or the state's default withholding rules if you make no election, will remain in effect until you revoke or change them. Please note that state income tax will apply even if the state allows you to elect out of withholding. If your state is not listed below, withholding is not available.

- **If you reside in Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, or 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 periodic payments. You cannot elect out of state withholding when federal tax is withheld.
 - * **If you reside 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 state withholding by providing a completed Virginia Form VA-4P. Virginia does not permit state withholding on payments from an IRA. The Virginia form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in Arizona**, you may elect in or out of state withholding. If you elect to have state tax withheld, please provide a completed Arizona Form A-4P, in which you elect a withholding percentage and any additional dollar amount you want to withhold. The Arizona form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in Arkansas**, you may elect in or out of state withholding. You must provide a completed Arkansas Form AR4P to make your withholding election. The Arkansas form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in California, Indiana, Maryland, Missouri, Montana, New Jersey, New Mexico, or New York**, you may elect in or out of state withholding. If you elect to have state tax withheld, you must specify a whole dollar amount of at least \$10 to withhold. We will not withhold state tax unless you enter an amount below. We will withhold the requested amount from **each payment you receive**.
 - Please **do not** withhold state income tax. Please withhold \$ _____ (whole dollar amount of at least \$10).
- **If you are an individual residing in Connecticut**, state income tax withholding applies to your periodic payments, 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 payments. The Connecticut form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in Georgia**, state tax withholding requirements allow you to elect in or out of withholding. You must provide a completed Georgia Form G-4P to make your withholding election. The Georgia form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in Michigan**, state tax withholding requirements depend on your age and the amount of the payments. Please 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.
- **If you reside in North Carolina or Oregon**, you may elect in or out of state withholding.
 - Please **do not** withhold state income tax. Please withhold based on the marital status and number of allowances claimed below.
 - Marital status:** Single Married
 - Number of allowances:** _____
 - Please indicate if you want any additional dollar amount withheld from each payment:** \$ _____
- **If you reside in Puerto Rico**, periodic payments that will exceed an annual exemption amount are subject to 10% withholding. The annual exemption amount is based on your age.
- **If you reside in Vermont**, state withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.
 - Please **do not** withhold Vermont taxes.
- **If you reside in Wisconsin**, you may elect to have state tax withheld on payments from an IRA or other qualified annuity. We will withhold any requested amount from **each payment you receive**. You may not elect to have state tax withheld on payments from a nonqualified annuity contract.
 - Please withhold \$ _____ (whole dollar amount of at least \$10).

4. Tax withholding—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 payments, 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. 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 also 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.



5. Signatures and authorizations

By signing this form, I hereby certify the information on this form is correct and complete and that I have read and understand this form. I understand and acknowledge that John Hancock will rely on the information I have provided on this form in order to process any payments due me.

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.



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.

SIGN HERE _____ Date signed (mm/dd/yyyy)

Signature of owner (or fiduciary)

Title (select one, if applicable): Trustee Power of Attorney Guardian Other: _____

SIGN HERE _____ Date signed (mm/dd/yyyy)

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

Title (select one, if applicable): Trustee Power of Attorney Guardian Other: _____

SIGN HERE _____ Date signed (mm/dd/yyyy)

Signature of annuitant (if different from owner)

Title (select one, if applicable): Trustee Power of Attorney Guardian Other: _____

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

