



# For qualified plan and 403(b) contracts Income Made Easy election

## Important information

**For use with the following lines of business:** 403(b) contracts, 403(a) annuity plans, Keogh, 401(k), money purchase, profit-sharing, defined benefit, defined contribution and 457(b) governmental plans. This form should **only** be used if you have an optional Withdrawal Benefit Rider with your annuity contract and would like to enroll in John Hancock's Income Made Easy program. This program is optional.

### Program considerations

- We will make payment only to the contract owner. For example, if the contract is held in a plan, we will pay the plan.
- All withdrawals will be taken proportionately from your underlying subaccounts.
- You will receive your elected benefit amount from section 2B for the contract year regardless of when you sign up. If your contract anniversary is in December and you sign up for monthly payments in July, you will receive larger monthly amounts to make up for the shortened contract cycle. On your next anniversary, we will automatically adjust your payments.
- Income Made Easy will override enrollment, if any, in existing automatic distribution programs under your contract.

### A Medallion Signature Guarantee (MSG) is required when:

- Electronic fund transfer (EFT) is selected as the payment delivery method and you do not currently have an MSG for the EFT account on file.
- A signed application or confirmation application is not on file.
- A withdrawal check will be mailed to an address that is not the address on file.
- 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.

### Spousal consent

For certain 403(b) contracts and contracts held by individual owners, the owner's spouse must provide notarized consent to any request for a withdrawal. A request is not in good order without the spouse's consent, and we cannot process a withdrawal until we receive that consent. Please see section 8 for more information.

**Information on your withdrawal benefit can be found online at [www.jhannuities.com](http://www.jhannuities.com), on your quarterly statement, or through our service center.**

## Contact us

 **Website**  
[www.jhannuities.com](http://www.jhannuities.com)

 **Phone**  
1-800-344-1029  
Weekdays 8 a.m. to 6 p.m. ET

 **Fax**  
1-617-663-3160

 **Return instructions**  
See the end of this document for return instructions.

## 1. Information about you

### Contract owner information

Contract number

Owner's name (or custodian's name, if applicable) (First)

MI

Last

Social Security number (or TIN)

Default withholding rules will apply in sections 4 and 5 if you do not provide your SSN or TIN.

Date of birth (MM/DD/YYYY)

Phone number

Mobile 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 (or custodian's name, if applicable) (First)

MI

Last

Social Security number (or TIN)

Default withholding rules will apply in sections 4 and 5 if you do not provide your SSN or TIN.

Date of birth (MM/DD/YYYY)

Phone number

Mobile number

Email address

Address (Street)

City

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

Zip code

## 2. Income options (Please complete A and B)

### A. Select whether you want to start a new Income Made Easy program or change your existing program.

- Start a new Income Made Easy program (default)  
 Change my existing Income Made Easy program

### B. Select from the options below which income amount you want to withdraw.

- Option 1:**  **Full allowable amount (default)** – By selecting this box, the full amount available each contract anniversary will be automatically calculated and sent. Your withdrawal amount will automatically increase if your contract steps up or if you make any additional purchase payments.
- Option 2:**  **Full allowable amount plus remaining RMD** – By selecting this box, your full allowable amount and remaining RMD (sent on December 31 or last business day of the year) will be automatically calculated and sent. Remaining payments following an RMD will be reduced so as not to exceed the full allowable amount for the year.
- Option 3:**  **Full allowable amount plus earnings sweep** – By selecting this box, your full allowable amount and any earnings (sent on contract anniversary) above your guaranteed withdrawal balance or benefit base will be automatically calculated and sent.

**Note:** If you would like to withdraw a specific dollar amount less than the full allowable amount on your contract, please complete a Systematic withdrawal program form (130712). If you would like to withdraw your required minimum distribution only, please complete a Required minimum distribution form (130714).

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

**3. Distribution schedule (Please complete A and B)****A. Date(s)**

The start date provided below must be within six months of our receipt of this form and after you attain at least age 59½. We will automatically change your start date to the first available business day from receipt of this form if no start date is indicated or the form is received after 4 p.m. Eastern Time on the selected date.

**Start date:** \_\_\_\_\_ (Required for all frequencies and the day must be between the 1st and 28th.)  
(MM/DD/YYYY)

**B. Frequency:**  Monthly (default)  Quarterly  Semi-annually  Annually  One-time (only available for option 1 in section 2B)

**4. Federal income tax withholding****For 403(b) contracts and contracts held by individual owners**

Eligible rollover distributions: Withdrawals, other than RMDs, that are payable under the program are eligible rollover distributions. Federal law requires that we withhold 20% from the taxable portion of an eligible rollover distribution. We do not have to withhold on an eligible rollover distribution if you instruct us to process a direct rollover to an IRA or other eligible retirement plan. Please read the enclosed Special tax notice for annuitants.

 **I choose not to do a direct rollover.**

I have read the Special tax notice for annuitants and I understand that 20% will be withheld from the taxable portion of my eligible rollover distribution. I waive the 30-day waiting period.

 **I instruct you to roll my eligible rollover distribution directly to an IRA or other eligible retirement plan with:**

I have read the Special tax notice for annuitants. I have enclosed the required forms to process the rollover. I waive the 30-day waiting period.

**Note:** If you wish to complete a direct rollover, you must provide John Hancock with the proper paperwork from the financial institution that holds your IRA or from the other eligible retirement plan.

**If you elected option 2 in section 2B of this form,** the RMD portion of your withdrawals is not eligible to be rolled over and is not subject to 20% withholding. Instead, the following federal withholding rules apply to the RMD portion of your withdrawals.

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 withdrawal, 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 revoked and you may revoke your withholding election at any time.

**John Hancock will withhold 10% from the taxable portion of your RMD withdrawal, unless you elect otherwise below.**

 **DO NOT withhold federal income tax.**

**Withhold \$ \_\_\_\_\_ or \_\_\_\_\_% of federal income tax.**  
The dollar amount or percent must equal at least 10% of the taxable portion of your withdrawal. 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 on the RMD portion of your withdrawals, 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****For 403(b) contracts and contracts held by individual owners**

State income tax withholding may also apply to the taxable portion of any eligible rollover distributions you elect **not** to roll over directly to an IRA or other eligible retirement plan, as well as the taxable portion of any RMDs. The applicable state withholding rules are outlined below. Please read the following information carefully as some states impose different withholding rules depending on whether the withdrawal is an eligible rollover distribution or an RMD.

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. If your state allows you to make a withholding election, the election you make will remain in effect until you notify us to change it. Please note that state income tax applies even if the state allows you to elect out of withholding.

**The following states require state tax withholding whenever federal taxes are withheld.** We will apply the state's default withholding rate to the taxable portion of your distribution if you reside in: Iowa, Kansas, Maine, Massachusetts, Nebraska, or Oklahoma. You may not elect out of state withholding.

**5. State income tax withholding** (continued)

- **If you reside in Arkansas**, state withholding is mandatory for any eligible rollover distribution that is not rolled over directly to an IRA or eligible retirement plan. State withholding is also required on RMDs when federal income tax is withheld. We will apply the appropriate state withholding rate to the taxable portion of your withdrawal. However, you can elect out of Arkansas state withholding on an RMD by providing us with a completed Form AR4P. The Arkansas form is available on the Forms tab of our website at [www.jhannuities.com](http://www.jhannuities.com).
- **If you reside in California, Georgia, Indiana, Missouri, Montana, New Jersey, New Mexico, or Wisconsin**, you may elect whether or not to have state tax withheld. If you elect to have state tax withheld, you must specify a whole dollar amount of at least \$10 to withhold. We will withhold that amount from each withdrawal. We will not withhold state tax unless you enter an amount below.  
 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 withdrawals, 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% on any withdrawals. The Connecticut form is available on the Forms tab of our website at [www.jhannuities.com](http://www.jhannuities.com).
- **If you reside in the District of Columbia**, withholding is required only if the withdrawal results in the full surrender of your contract.
- **If you reside in Maryland**, state withholding is mandatory for any eligible rollover distribution that is not rolled over directly to an IRA or other eligible retirement plan. For an RMD, you may elect whether or not to have state tax withheld. If you elect to have state tax withheld from an RMD, you must specify a whole dollar amount of at least \$10 to withhold. We will withhold that amount from each RMD withdrawal. We will not withhold state tax from an RMD unless you enter an amount below.  
 Please **do not** withhold state income tax.  Please withhold \$ \_\_\_\_\_ (whole dollar amount of at least \$10).
- **If you reside in Michigan**, state tax withholding requirements depend on your age and the amount of the withdrawal(s); please provide a completed Michigan Form MI W-4P to claim any exemptions. The Michigan form is available on the Forms tab of our website at [www.jhannuities.com](http://www.jhannuities.com).
- **If you reside in North Carolina**, state withholding is mandatory for any eligible rollover distribution that is not rolled over directly to an IRA or other eligible retirement plan. For an RMD, you may elect whether or not to have state tax withheld. If you elect to have state tax withheld from an RMD, we will apply the state's default withholding rate.  
 Please **do not** withhold state income tax.  Please withhold state income tax.
- **If you reside in Oregon**, you may elect whether 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.  
 Please **do not** withhold state income tax.  Please withhold state income tax.
- **If you reside in Puerto Rico**, we are generally required to withhold 10%.
- **If you reside in Vermont**, state withholding is mandatory for any eligible rollover distribution that is not rolled over directly to an IRA or other eligible retirement plan. For an RMD, state withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.  
 Please **do not** withhold state income tax from my RMD.
- **If you reside in Virginia**, state withholding is mandatory for any eligible rollover distribution that is not rolled over directly to an IRA or other eligible retirement plan. State withholding is also required on RMDs when federal income tax is withheld. We will apply the state's default withholding rate to the taxable portion of any withdrawal. If you elect out of federal withholding on your RMD, you are not subject to state withholding on the RMD. However, state income tax will still apply and you may request that we withhold Virginia income tax on your RMD by providing us a completed Form VA-4P. The Virginia form is available on the Forms tab of our website at [www.jhannuities.com](http://www.jhannuities.com).
- **If you reside in 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.
- **If you reside in a state not listed above**, state tax withholding is completely voluntary. If you would like state taxes withheld, please provide a whole dollar amount of at least \$10 or a percentage to be withheld. We will withhold the requested dollar amount or percentage from each withdrawal.  
Please withhold \$ \_\_\_\_\_ or \_\_\_\_\_% for state income 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 which 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 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 [www.irs.gov](http://www.irs.gov).

**6. 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 fund transfer (EFT)** – The payments will arrive in your financial institution account within 3-5 business days. If John Hancock does not have your banking instructions on file, in good order with a Medallion Signature Guarantee (MSG), or your contract is not eligible for EFT, your distribution will be sent to your address of record by regular mail. Please select one option below.

**Send the payments to my checking or savings account:**  
 Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. We cannot send funds to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the bank registration unless there is an indication of their fiduciary status pre-printed on the check from the bank.  
 Example: Jane Smith, POA.

- Checking
- Savings

**Important:** If you are unable to provide a voided check, please include 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 owner(s) of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all contract owner(s) to certify that the information provided is correct.

|                             |                     |              |
|-----------------------------|---------------------|--------------|
| <b>Owner's name</b>         |                     |              |
| Address _____               |                     |              |
| City, State, Zip code _____ |                     | Date _____   |
| Pay to the order of _____   |                     | \$ _____     |
| <b>Bank name</b>            |                     |              |
| Address _____               |                     |              |
| City, State, Zip code _____ |                     |              |
| <b>For</b>                  |                     |              |
| ⑆123456789⑆                 | 01234567890123⑆     | 0123         |
| Bank routing number         | Bank account number | Check number |

Please also complete the following information below.

|                       |                           |
|-----------------------|---------------------------|
| _____                 | _____                     |
| Financial institution | Routing/ABA number        |
| _____                 | _____                     |
| Account number        | Name(s) listed on account |

**Option 2:**  **Regular mail to the address of record (default)** – The payments will arrive within 5-7 business days.

**Option 3:**  **Please send the payments to an alternate address.**

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

\_\_\_\_\_

Alternate address (Street)

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

**7. Signatures and authorizations**

**Medallion Signature Guarantees (MSG)**

- Yes  No Have you selected electronic fund transfer (EFT) as your payment delivery method and do not currently have an MSG for an EFT on file?
- 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?\*

\*Not applicable to New Jersey contracts.

**i** If you answered "YES" to any of the questions above, 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.

**7. Signatures and authorizations** (continued)**EFT authorization**

I hereby authorize John Hancock Life Insurance Company (U.S.A.) ("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 beneficiary(ies) or contingent annuitant(s), 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 bank 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 bank 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 Life Insurance Company (U.S.A.) 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 one.

**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.

**7. Signatures and authorizations (continued)**

**i** If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (“POA”), 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, you will not be able to exercise any otherwise available option to elect out of withholding 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**

\_\_\_\_\_  
Signature of owner (or fiduciary) \_\_\_\_\_  
Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable):  Trustee  Power of Attorney  Guardian  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  Other \_\_\_\_\_

Medallion Signature Guarantee

Medallion Signature Guarantee

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

**i** **FOR JOHN HANCOCK USE ONLY.**

Verification

Verification

**Irrevocable beneficiary**

**SIGN HERE**

\_\_\_\_\_  
Signature of irrevocable beneficiary (if any) \_\_\_\_\_  
Today's date (MM/DD/YYYY)

**EFT authorization for joint bank account owner**

**SIGN HERE**

\_\_\_\_\_  
Signature of joint bank account owner (if any) \_\_\_\_\_  
Today's date (MM/DD/YYYY)

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

**8. Spouse consent**

**Spousal consent for certain 403(b) contracts and contracts held by individual owners**

If you are married, federal law requires that your spouse provide notarized consent not more than 90 days prior to the date the first payment is made under the Income Made Easy withdrawal program. This requirement does not apply to non-ERISA 403(b) contracts.

John Hancock will review standard contract information such as beneficiaries, co-annuitants, and covered persons under certain riders to determine if there is a spouse listed on the contract that would need to provide consent on this request. If this section is left blank and there is reason to believe a spousal consent signature is required based on standard contract information, this request will not be considered in good order and will not be processed. In that case, you will need either to resubmit your request with the missing signature or provide us with confirmation that there is no spouse to sign the request.

I am the spouse of the above-named contract owner. I acknowledge that, in accordance with federal law, I have a right to receive either a preretirement survivor annuity, if my spouse should die before the otherwise applicable retirement date, or a joint and survivor annuity payment option when my spouse retires, either of which survivor annuity must be at least 50% of the annuity payable to my spouse. I have reviewed the request to participate in the Income Made Easy withdrawal program. By signing this form, I acknowledge and consent to the distribution of the withdrawals elected on this form. I understand that requested withdrawals may affect the amount available for a preretirement survivor annuity benefit or a joint and survivor annuity benefit under the contract. I also consent to my spouse's waiver of the 30-day waiting period in section 4.

**SIGN HERE** \_\_\_\_\_  
 Signature of spouse \_\_\_\_\_ Today's date (MM/DD/YYYY)

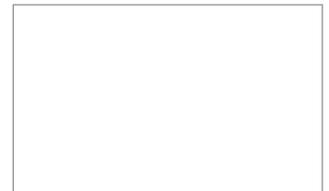
**Notarization**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned  
 Day Month Year Notary's name

Notary Public, personally appeared \_\_\_\_\_, and proved to me through satisfactory evidence of identity,  
 Spouse's name

which was \_\_\_\_\_, to be the person whose name was signed above in my presence.

**SIGN HERE** \_\_\_\_\_  
 Signature of notary public



My commission expires (MM/DD/YYYY) \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Notary Public Seal Here

**Submission 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**

 Create an online account and gain access to secure self-service tools and contract-specific details. Visit [www.jhannuities.com](http://www.jhannuities.com) and click on the "Register Now" link in the upper right-hand corner to register. Once registered, enroll in eDelivery to receive your contract documents electronically.