



# Income Made Easy Election

IRA and Non-Qualified Only

## Introduction

### Did you know you can complete this form entirely online?

1. Visit the Forms tab on [www.jhannuities.com](http://www.jhannuities.com)
2. Find the Income Made Easy (IME) Form
3. Click the green "Submit Online" button
4. Follow the step-by-step instructions

## Instructions

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

- 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 bigger 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 30 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.

**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.**

### Questions about this form?

☎ 1-800-344-1029

### Contact us:

☎ Fax: 1-617-663-3160  
🌐 [www.jhannuities.com](http://www.jhannuities.com)

### Return instructions:

See the end of this document for return instructions.

## 1. Information About You

### Contract Owner Information:

Contract Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Owner's Name (or Custodian's Name, if applicable) (First, MI, Last) \_\_\_\_\_

Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please check if the address provided is a permanent address change for all your annuity contract(s).

Social Security Number (or TIN) \_\_\_\_\_ Owner's Email Address \_\_\_\_\_

\*Default withholding rules will apply in Section 4 if you do not provide your SSN or 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

**1. Information About You (continued)**

**Co-Owner Information (if applicable):**

\_\_\_\_\_  
 Co-Owner's Name (First, MI, Last) Phone Number Mobile Number

\_\_\_\_\_  
 Address (Street) City State Zip Code

\_\_\_\_\_  
 Social Security Number (or TIN) Co-Owner's Email Address

\*Default withholding rules will apply in Section 4 if you do not provide your SSN or TIN.

\_\_\_\_\_  
 Financial Representative's Name (if applicable) Financial Representative's Phone Number

**2. Income Options (Please complete A and B)**

A.  Start a new Income Made Easy Program (default)  Change my existing Income Made Easy Program

B. Please select one of the income options below:

**Option 1 – Percentage of Allowable Amount**

By selecting a percentage below, the applicable percentage of the amount available each contract anniversary will be deducted from your withdrawal benefits.

- 25% of Current Allowable Amount
- 50% of Current Allowable Amount
- 75% of Current Allowable Amount
- 100% of Current Allowable Amount\*

Taking withdrawals for less than the full allowable amount increases tax deferred earnings growth potential, reduces taxable income and preserves a higher death benefit amount. Taking withdrawals for the full allowable amount maximizes your current income, reduces the death benefit and may result in reduced tax-deferred earnings growth.

\* Your withdrawal amount will automatically increase if your contract steps up, or you make any additional purchase payments.

**Option 2 – Required Minimum Distribution (RMD) Only**

By selecting this box, your RMD will be calculated according to our Life Expectancy Distribution program. RMDs begin after reaching age 70½ and are required from IRAs. See prospectus for details.

**Joint Life Expectancy Calculation**

By selecting this box, you want your income option to be determined using the Joint Life Expectancy calculation. To be eligible for this calculation, your sole designated beneficiary at all times during the year must be your spouse who is more than 10 years younger than you. If you choose this option, please be sure to include your spouse's date of birth in the space provided below.

\_\_\_\_\_  
 Spouse's Date of Birth (MM/DD/YYYY)

**Option 3 – Full Allowable Amount Plus Remaining RMD**

By selecting this box, your full allowable amount and remaining RMD (sent on December 31) 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 4 – 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.

**Notice for other Income Options:** If you would like to withdraw a specific dollar amount from your contract, please complete a Systematic Withdrawal Program form (130712).

**3. Frequency (Please complete A and B)**

**A. Begin Income Made Easy distributions on:** \_\_\_\_\_. The day must be between the 1st and 28th and is required for all frequencies.  
(MM/DD/YYYY)

The start date provided above 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.

**This program will continue indefinitely unless an end date is given:** \_\_\_\_\_  
(MM/DD/YYYY)

**B. Frequency:**

- Monthly (default)    Quarterly    Semi-Annually    Annually    One-Time (only available for Option 1 or 2 in Section 2B)

**4a. Federal Income Tax Withholding**

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

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.

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.

- DO NOT withhold federal income tax.** Check this box for a direct IRA/Roth IRA transfer. Also check this box if you intend to do an indirect IRA/Roth IRA rollover. You cannot transfer or roll over a Required Minimum Distribution.
- 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%.

**4b. State Income Tax Withholding**

State income tax withholding may also apply to the taxable portion of your withdrawal. The applicable 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. 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.

- **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 withdrawal. 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 that we withhold Virginia income tax on a withdrawal from your non-qualified annuity by providing us a completed Form VA-4P. Note, however, that Virginia does not permit state withholding on any withdrawal from an IRA. The Virginia form is available on the Forms tab of our website at [www.jhannuities.com](http://www.jhannuities.com).
- **If you reside in 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 on the Forms tab of our website at [www.jhannuities.com](http://www.jhannuities.com).
- **If you reside in California, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey, or New Mexico**, 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 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 IRA.
- **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 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.
  - Please DO NOT withhold state income tax.    Please withhold state income tax.

**4b. State Income Tax Withholding (continued)**

- **If you reside in Puerto Rico**, we are generally required to withhold 10%.
- **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 a withdrawal taken from your IRA. If you elect to have state tax withheld, you must specify a whole dollar amount of at least \$10. We will withhold that amount from each withdrawal. We will not withhold Wisconsin tax unless you enter an amount below. You may not elect to have state tax withheld on a withdrawal from a non-qualified annuity contract.
  - Please DO NOT withhold state income taxes.  Please withhold \$ \_\_\_\_\_ (whole dollar amount of at least \$10).
- **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 annuity or IRA withdrawals. 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.

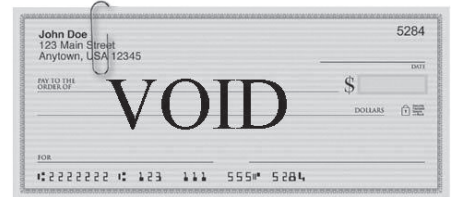
**Withholding for Non-U.S. Persons – If you are not a U.S. person, the above federal and state withholding rules do not apply.** Instead, we are required to withhold 30% of the taxable portion of your distribution, unless your tax residence is in a country which has a tax treaty with the United States 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-8, 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-8 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-8 and their instructions are available on the IRS website at [www.irs.gov](http://www.irs.gov).

**5. Delivery Options**

**Please 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), your distribution will be sent to you address of record by regular mail. Please select one option below.

- Please send the payments to my checking account.** Attach a voided check here. **Deposit slips and starter checks are not accepted.** The voided check must be in the name of the contract owner. We cannot send funds to any financial institution with a POA, 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.
- Please send the payments to my savings account.**



**IMPORTANT:** 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.**

**Please also complete the following information below.**

Financial Institution	Routing/ABA Number
Account Number	Name Listed on Account

**Option 2:**  **Regular Mail** (address of record) – 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 Mailing Address (Street)	City	State	Zip Code
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**6. Signatures and Authorizations**

**Medallion Signature Guarantees (MSG)**

- 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 30 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? \*  Yes  No

\*Not applicable to New Jersey contracts.

**If you answered "YES" to any of the questions above, you MUST obtain a Medallion Signature Guarantee (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") to deposit annuity payments directly to my bank, savings and loan, or credit union ("financial institution") account, as indicated above. I authorize the financial institution identified above 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 above 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 above 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 above, 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 below 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 all six (6) pages of this form, including the "Instructions" section 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.

