



IRA and nonqualified only Systematic withdrawal program

Before you begin

Request a withdrawal over the phone:

You can call us at 800-344-1029 to enroll in phone withdrawal authorization and elect to take a withdrawal.

You can also complete this form entirely online:

- Visit the forms page at johnhancock.com/annuities.
- Find the Systematic withdrawal program form (IRA and nonqualified).
- Click the link to submit online and follow the step-by-step instructions.

Note: The online Systematic withdrawal program form is not currently available for all scenarios. Please refer to the restrictions noted prior to initiating an online request.

Important information

Use this form to enroll in the systematic withdrawal program for any fixed or variable product. This form should not be used for required minimum distributions (form 130714), the pre-59½ systematic withdrawal program (form 130717), or if your contract has a rider and you are requesting the annual allowable amount (form 1307169-IRANQ).

Program considerations:

- Taking withdrawals from some of our products may adversely affect the underlying guarantees. If you have questions or need additional information please consult your contract and/or prospectus, call us at 800-344-1029 to speak with a customer service representative, or contact your financial professional.
- Participation in more than one special program may conflict with the intended result. Please inform John Hancock's customer service center of any changes to existing dollar cost averaging, rebalancing, or automated investment programs, if applicable.
- If you elect the interest only option, the withdrawal amount could fluctuate depending on the current market value of a variable annuity contract, or upon changes in interest rates for fixed annuity contracts. Your withdrawal amount can also be affected by the number of days in the month, or if you take any additional withdrawals from your contract.
- This form cannot be used to process transfers, rollovers, or exchanges to another institution, or to request a withdrawal under a Nursing Home or Critical Illness Waiver.
- Amounts withdrawn over your allotted free withdrawal amount may be subject to withdrawal charges. Also, certain annuities may assess a market value adjustment against your withdrawal amount.
- Available interest withdrawals may be greater than your free withdrawal amount and may be subject to surrender penalties.
- Withdrawals are subject to income tax.





Please review your contract and/or prospectus for further details regarding the impact of withdrawals.

A Medallion Signature Guarantee (MSG) is required when:

- 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 or a change in ownership 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.

Contact information

- | | | |
|--|--|---|
|  Website:
johnhancock.com/annuities |  Phone: 800-344-1029
TTY: 800-555-1158 |  Mail:
See return instructions at end of this form. |
|  Instructional video:
Visit the forms page at johnhancock.com/annuities to view. | | |



1. Contract information

Contract number

Owner information:

Owner name (or custodian 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

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)

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

Email address

Address (Street)

City

State

Zip code

Country (if outside the U.S.)

2. Distribution schedule

Complete A and B:

A. Date(s):

The start date provided below must be within 6 months of our receipt of this form and after you reach 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

End date: _____ (optional and this program will continue indefinitely unless an end date is given)
mm/dd/yyyy

B. Frequency:

- ☐ Monthly (default)
☐ Quarterly
☐ Semiannually
☐ Annually



Depending on your product, these transactions are reflected on either calendar quarterly account statements or a transaction confirmation at the frequency selected. Receive these confirmations and statements quickly and securely by going paperless.

To select paperless delivery:

- Register at johnhancock.com/annuities if you do not yet have an account.
- Once logged in, click the paperless settings link under "My Preferences."
- Check off transaction confirmations and statements and any other documents you want to receive electronically.



3. Withdrawal instructions**Select only one option:**

Option 1: ☐ **Specific withdrawal amount**—The amount below will be withdrawn regularly based on the date and frequency provided in section 2.

Specific amount: \$ _____

Select gross or net below:

☐ **Gross (default)**—You may receive a check for less than the amount indicated above. Any applicable sales charges or federal and state taxes will be deducted **from the amount indicated above**.

☐ **Net**—You will receive a check for the amount indicated above. Any applicable sales charges or federal or state taxes will be deducted **from the value remaining in your contract**.

Note: Any sales charges or federal or state withholding deducted from the contract value are treated as part of the total amount withdrawn from the contract.

Select to prorate or provide a specific investment option request below:

☐ **Prorate (default)**—Money is withdrawn from all variable investment options proportionately to the allocations of the contract.

☐ **Specific investment option request (available for variable products only)**—Indicate below from which portfolios you would like your withdrawal and provide either a specified amount (\$) or percentage (%) next to the portfolio(s) you wish to redeem from. If the indicated portfolio(s) are depleted by withdrawal or fund transfer, your systematic withdrawal program will stop automatically.

Portfolio name or number \$ _____ or _____ %

Portfolio name or number \$ _____ or _____ %

Portfolio name or number \$ _____ or _____ %

Option 2: ☐ **Interest only withdrawal (fixed products only)**—All available interest since your last withdrawal will be sent in your first payment. If there have been no withdrawals, all available interest since inception will be sent in your first payment (interest applies to fixed annuities and the Guaranteed Interest Account on Revolution Value II, Revolution Extra II, and JH Spectrum only).

☐ Send all available interest since inception in your first payment.

☐ Send the interest plus payment enhancement in your first payment. This option is only available for JH Spectrum contracts. Your first distribution includes the entire payment enhancement.

Note: Withdrawals may have an impact on features and optional benefits of your annuity contract. Furthermore, if you elected the Guaranteed Minimum Withdrawal Benefit rider (not available on all products), withdrawals will be in accordance with our default procedures; you may not specify the investment option from which a withdrawal is to be made. If you withdraw more than the guaranteed withdrawal amount in any contract year, the guaranteed withdrawal benefit will automatically reset. Please review your contract and/or prospectus for more detailed information.

4. 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 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 withdrawal, 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 distribution. 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.



5. 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.

State income tax applies even if the state allows you to elect out of withholding. Refer to your state of residence for its requirements.

A. 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.

B. 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 an amount to withhold. We will not withhold state tax unless you enter an amount below.

☐ **Do not** withhold state income tax. ☐ **Withhold \$** _____ for state income tax (whole dollar amount of at least \$10).

C. Iowa, Kansas, Maine, Massachusetts, or Nebraska:

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.

D. North Carolina, Oklahoma, 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.

☐ **Do not** withhold state income tax. ☐ **Withhold** state income tax.

Oklahoma only (optional): ☐ **Withhold an additional \$** _____ state income tax (whole dollar amount of at least \$10).

E. 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 in the tax center on our website at johnhancock.com/annuities.

F. Connecticut: (individuals only)

State income tax withholding applies to your withdrawal, 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 withdrawal. The Connecticut form is available in the tax center on our website at johnhancock.com/annuities.

G. District of Columbia:

State income tax withholding is required only if the withdrawal results in the full surrender of your IRA.

H. Michigan:

State tax withholding requirements depend on your age and the amount of the withdrawal; 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.

I. Minnesota: (individuals only)

State income tax withholding applies. You must provide a completed Minnesota Form W-4MNP to claim any applicable allowances or to elect out of state withholding. The Minnesota form is available in the tax center on our website at johnhancock.com/annuities.

J. Puerto Rico:

We are generally required to withhold 10%.

K. Vermont:

State withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.

☐ **Do not** withhold state income tax.

L. 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 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 nonqualified 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 in the tax center on our website at johnhancock.com/annuities.

M. 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 an amount to withhold. 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 nonqualified annuity contract.

☐ **Do not** withhold state income tax. ☐ **Withhold \$** _____ for state income tax (whole dollar amount of at least \$10).

N. If you reside in a state not listed above:

State tax withholding is completely voluntary. If you would like state taxes withheld, you must specify an amount or a percentage to withhold.

Withhold \$ _____ (whole dollar amount of at least \$10) **or** _____% for state income tax.



6. 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 payments, 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 a Form W-7 to the IRS. IRS Forms W-7 and W-8 and their instructions are available on the IRS website at irs.gov.

7. 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 funds transfer (EFT)**—The financial institution (bank, savings and loan, or credit union) you elect to receive electronic deposits must be a member of the automated clearing house (ACH) network. Please contact your financial institution if you are unsure that it is a part of the ACH network. The financial institution account must be registered in the name of the John Hancock contract owner(s). Payments will arrive in your financial institution account within 3–5 business days. However, if your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.

Provide your account information below. Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. If a fiduciary (e.g., power of attorney, guardian, conservator, etc.) is the owner, their fiduciary status must be preprinted on the check (not applicable if the fiduciary is a joint owner). Example: Jane Smith, POA.

- ☐ Checking
☐ Savings

Owner's name		
Address _____		
City, State, Zip code _____		Date _____
Pay to the order of _____		\$ <input type="text"/>
Financial institution name		
Address _____		
City, State, Zip code _____		
For		
r: 1 2 3 4 5 6 7 8 9 x	0 1 2 3 4 5 6 7 8 9 0 1 2 3 u:	0 1 2 3
Routing number	Account number	Check number

Financial institution _____

Routing/ABA number _____

Name(s) listed on account _____

Account number _____

Important: If you are unable to provide a voided check, please include either a copy of a recent account statement or 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. If you provide a letter, 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.

Option 2: ☐ **Check (default)**—The payments will be in the form of a check and mailed to your address of record within 5–7 business days.

Option 3: ☐ **Check to an alternate address**—The payments will be in the form of a check and mailed to the address below within 5–7 business days.

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

Alternate address (Street) _____

City _____

State _____

Zip code _____

Country (if outside the U.S.) _____

8. Signatures and authorizations**Medallion Signature Guarantee (MSG):**

- ☐ Yes ☐ No Have you changed the contract owner or 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.



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.



8. Signatures and authorizations (continued)**EFT authorization:**

I hereby authorize John Hancock Life Insurance Company (U.S.A.)/John Hancock Life Insurance Company of New York (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 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 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 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 1.

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.

Tax classification for contract owners that are not individuals:

Please 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.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Partnership | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> LLC taxed as partnership | <input type="checkbox"/> LLC taxed as C Corporation | <input type="checkbox"/> LLC taxed as S Corporation |
| <input type="checkbox"/> Other (please specify, for example, Charity, Qualified retirement plan, Nonprofit): _____ | | | |

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

Name

TIN

Tax classification



Contract number: _____

8. Signatures and authorizations (continued)



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

Signature of owner (or fiduciary) _____ Date signed (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) _____ Date signed (mm/dd/yyyy)

Title (please check appropriate box, if applicable):

☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Other: _____

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

Medallion Signature Guarantee

Medallion Signature Guarantee



FOR JOHN HANCOCK VERIFICATION USE ONLY.

Irrevocable beneficiary:

SIGN
HERE

Signature of irrevocable beneficiary (if any) _____ Date signed (mm/dd/yyyy)

EFT authorization for joint financial institution account owner:

SIGN
HERE

Signature of joint financial institution account owner (if any) _____ Date signed (mm/dd/yyyy)



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



Fax: 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:

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.

