

Return to : John Hancock Life Insurance Company
Fixed Products Operations, S-8
380 Stuart Street
Boston, MA 02117



Toll Free # : 1-800-624-5155

DIRECT ROLLOVER FORM (For Defined Benefit Plans)

Employer : _____

Group Annuity Contract Number : _____ Association Number : _____

PARTICIPANT INFORMATION (please print clearly)

{ } Check Box if individual making election is an alternate payee eligible for a direct rollover distribution.

Name: _____ Social Security # : _____

Address : _____

City : _____ State : _____ Zip Code : _____

ELECTIONS

Instructions – Complete Section A if you want all or a portion of your distribution made payable to you.

Section A. I elect to have _____% or \$_____ of the distribution made payable to me. **I understand that 20% of the taxable portion of the distribution will be withheld.**

Signature: _____ Date: _____

Instructions – If in Section A you elected your entire distribution to be payable to you (i.e. you are not requesting a “direct rollover” to an “eligible retirement plan”) GO NO FURTHER, your form is complete. If however, you are requesting a “direct rollover” of any portion of the distribution to an “eligible retirement plan”, you need to complete Section B and the Recipient Plan Information below.

Section B. I elect to have _____% or \$_____ of the distribution made payable to the following “eligible retirement plan”.

{ } **Qualified Employer Plan** { } **IRA**

RECIPIENT PLAN

Is there a trustee for the Qualified Employer Plan? { } **Yes** { } **No**

Trustee Name (if applicable) : _____

Name of IRA Custodian or Qualified Plan : _____
(whichever is applicable)

RECIPIENT PLAN INFORMATION

Address of IRA Custodian or Qualified Plan (whichever is applicable) :

IRA Account Number :

IRA Account Executive

Name : _____

Phone Number : _____

I confirm that the above named eligible retirement plan is an individual retirement account or individual retirement annuity established in my name, or a qualified defined contribution retirement plan or annuity plan which accepts rollovers.

Indicate below the address to which the rollover check is to be mailed.

Signature : _____

Date : _____

Note: A form 1099-R will be issued after the end of the calendar year in which the payment (distribution) is made and will be sent to your home address.

Spouse Information Regarding Death Benefit

Under Federal Income Tax Law, John Hancock must provide you with the following information concerning the one sum death benefit due you under the provisions of your spouse's pension.

If a death occurs on or after August 20, 1996 Federal law requires that 20% withholding be deducted from the taxable portion of all lump sum benefits payable to a spouse.

If you choose to, you may elect to have your benefit rolled over into a qualified IRA. This will exempt you from the 20% withholding.

Please review the Direct Rollover Form carefully. Complete the form and return it to John Hancock within 30 days indicating how you choose to have your benefit paid. If the form is not received within 30 days, we will issue the benefit due you and apply the 20% withholding as required by federal law.

If you have any questions concerning this matter, please do not hesitate to contact us at the address on page 1 or call our Pension Line at 1-800-624-5155. You may also wish to speak with a tax consultant of your own choosing.