John Hancock
RETIREMENT PLAN SERVICES

Click Here to Start

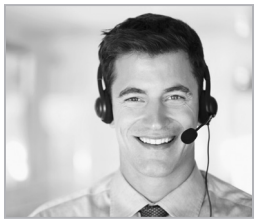
Includes... Withdrawal – Eligible for Rollover Form

Withdrawal – Eligible for Rollover

A Guide to Withdrawing Money From Your Retirement Plan

Whether you're changing jobs or retiring or taking a withdrawal for other reasons, removing your money from a 401(k) or other qualified retirement plan means you'll need to review your distribution options so you can make an informed decision. This brief guide highlights the steps you can take today to help make the process easier and includes the necessary paperwork.

There are two ways to withdraw your money:



1. Call John Hancock at 1-888-695-4472

- Our Rollover Education Specialists will help answer questions about the distribution options available to you: [1,2,3]
  - Roll over to a John Hancock Individual Retirement Account (IRA) [4]
  - Roll over to an IRA with another financial institution
  - Stay in your existing plan
  - Transfer your money to a new employer's plan (if leaving your employer)
  - Take a cash distribution (see box at right)
- We'll introduce you to your plan's financial representative if applicable.
- We'll help you fill out the paperwork.

IMPORTANT
Be sure you know the tax consequences of taking cash. Taxes and penalties could apply. Call John Hancock to learn more.

2. Work with your financial representative or do-it-yourself

- Review your distribution options with your financial representative [2,3] (i.e., Roll over to a John Hancock IRA[4]; roll over to an IRA with another financial institution; stay in your existing plan, if leaving your employer; transfer your money to a new employer's plan; take a cash distribution).
- Fill out the attached form and return it based on the instructions provided to you by your plan administrator.

Need help? Call our Rollover Education Specialists to help make this transition a smooth one. **1-888-695-4472**

[1] Distribution education and rollover services provided by John Hancock Personal Financial Services, a division within John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York.
[2] Each distribution option has its own potential advantages, disadvantages and tax consequences. Anyone interested in these transactions or topics should seek advice based on his or her particular circumstances from independent professional advisors.
[3] There may be additional distribution options that are available only under your specific plan. Please check with your plan administrator for more information.
[4] Participants in qualified plans with John Hancock are eligible to roll over to a John Hancock IRA with no sales charge for the life of the account. A $25 annual calendar maintenance fee applies. See the John Hancock IRA application for additional information. See the prospectus for details on eligibility.

A fund's investment objectives, risks, charges and expenses should be considered carefully before investing. The prospectus contains this and other important information about the fund. To obtain a prospectus, visit our web site at www.JHRollover.com or call the Rollover Education Center at 1-888-695-4472. Please read the prospectus carefully before investing or sending money.

John Hancock Funds, LLC, member FINRA/SIPC, 601 Congress Street, Boston, MA 02210-2805.
Both John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York do business under certain instances using the John Hancock Retirement Plan Services name. Group annuity contracts are issued by John Hancock Life Insurance Company (U.S.A.) (John Hancock USA). In New York, products are issued by John Hancock Life Insurance Company of New York (John Hancock New York).

ROP 16314 0414

GP5479US (09/2014)

Reset Form

RETIREMENT PLAN SERVICES

Withdrawal - Eligible for Rollover

Important information about this form

- Your plan may require you to provide supporting documents or additional information before your request can be processed.
- As the participant, you complete Sections 1 - 7 of this form and return it to your Plan Representative.
- As the Plan Representative, you review Sections 1 - 7, and complete Sections 8 - 10 of this form.
- If the participant address provided below is new or different than what is currently on record with John Hancock Retirement Plan Services, we will update our records accordingly. Ensure your next census submission includes revised employee information to avoid your file superseding the information supplied on this form.
- A 1099R form will be issued for each distribution and loan default (if applicable) by January 31 of the following year.

Any changes must be initialed in pen (including numbers crossed out or changed using correction fluid).
*No changes can be made in **Sections 1, 7 and 10.** Any changes to these sections will require a new form to be completed.*

1 General Information

The Trustee of CALIFORNIA COMPUTER **Plan (the "Plan")** 14037

Contractholder Name — Contract Number

Participant Name as displayed on your Social Security Card (Last name, First Name, Initial) — Participant Social Security Number (Full SSN Required)

Participant Address - Street Address — Date of Birth Month Day Year

City, State, Zip Code, Country — Participant Phone No

2 What is the reason for your withdrawal? - Select ONE option only.

It is the responsibility of the Plan Administrator, and not of John Hancock Retirement Plan Services, to ensure that the participant is permitted under the terms of the Plan to receive the distribution selected below.

☐ **TE** - Termination date Month Day Year

☐ **RE** - Retirement date Month Day Year

☐ **IR** - Withdrawal of employee rollover only (Must complete Section 3 B)

☐ **VC** - Employee Voluntary Money (Must complete Section 3 B)

☐ **DI** - Disability

☐ **PD** - Early/Pre-Retirement (If permitted by the Plan)

Information about Deferred Distributions

- Section 1102 of the Pension Protection Act of 2006 requires plans to notify participants that they have the right to defer distributions as well as the consequences of making that choice. The investment options available under your group annuity contract as well as the fees related to the investment options are part of this consideration.
- For a description of the investment options available under your group annuity contract, including fees:
  - Log onto **www.jhpensions.com** (in New York, **www.jhnypensions.com**).
  - Select: *Your contract reports - Investments - Contract investment options and view Selected investment options only.* Alternatively, participants may obtain this information by calling our toll free service line at 1-800-395-1113.
- You should also review your plan's Summary Plan Description (SPD) which may contain special provisions that may materially affect your decision to defer a distribution. For a copy of the SPD, please contact your Plan Sponsor.

3 How much do you want to withdraw? - *Complete Section **3 A** for a total withdrawal or Section **3 B** for a partial withdrawal.*

The amount or percentage below will be withdrawn as a gross withdrawal before income tax withholding.

A - Withdraw 100% of my vested account value (Select ☑ ONE option only)

☐ Pay directly to me - *complete Section 4 C*

☐ Direct Rollover - *complete Section 4 A or 4 B*

☐ Pay directly to me a lump sum of $_____ or _____% of my account balance - *complete Section 4 C*
AND directly rollover the remaining balance - *complete Section 4 A or 4 B*

☐ Direct Rollover of $_____ or _____% of my account balance - *complete Section 4 A or 4 B*,
AND pay remaining balance directly to me - *complete Section 4 C*

☐ Leave my money in the Plan - *You may defer your distribution to a later date. Contact your Plan Sponsor.*

B - Withdraw only a portion of the funds in my plan as follows:

Tell us how much to withdraw from each eligible money type (Amount or percentage). Completing the Investment Fund Code is not mandatory. If the Investment Fund Code is left blank, John Hancock Retirement Plan Services' standard withdrawal order will be used.
The amount below will be withdrawn as a gross withdrawal before income tax withholding.

Money Type (Mandatory)	Investment Fund Code (Optional)	Amount		Percentage
		$	OR	%
		$		%
		$		%

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4 What do you want to do with your money? - Select ☑ and complete option(s) A, B and/or C (as applicable)

Federal law requires that 20% of the taxable amount of an eligible rollover distribution be withheld, unless payment is directly rolled over to an eligible retirement plan. The amount withheld may not represent your entire tax bill. The above mandatory tax withholding requirements do not apply if the eligible rollover distribution is being rolled over to a Roth IRA. The rollover will be reported to the IRS and you are responsible for the payment of the income tax(es) that apply in connection with the rollover. Please refer to the Special Tax Notice provided by your Plan Administrator regarding these tax rules. Contact your tax advisor or Plan Administrator if you have any questions.

A - ☐ **Direct Rollover to John Hancock Mutual Fund IRA**
(minimum $1,000 balance required)

OR

☐ **Direct Rollover to John Hancock Annuities**
(minimum $25,000 balance required)

OR

☐ **Other Individual Retirement Account (IRA)**

Your funds will be automatically transferred by wire. Do not complete Section 5 - Direct Rollover Details.

*You must complete IRA Account Number section below. Refer to the instruction page for more information or call John Hancock at **1-888-695-4472**.*

Financial Institution Name

Financial Institution Address - Street, City, State, Zip Code, Country

Options - Check one option only and provide IRA Account Number		✓	IRA Account Number
1. All funds to my Traditional IRA Account (applicable only if your distribution contains only non-Roth funds).			
2. All funds to my Roth IRA (both Roth and non-Roth funds as applicable)			
3. Split of: (provide both account numbers)	My non-Roth funds to my Traditional IRA		
AND	My Roth funds to my Roth IRA		

B - ☐ **Direct Rollover to Employer Sponsored Qualified Plan**

The Trustee of

Plan Name

Plan Account Number

Financial Institution Name

Financial Institution Address - Street, City, State, Zip Code, Country

C - ☐ **Payment directly to me** - *All applicable taxes will be withheld*

Federal Tax

The distribution (and, if applicable, each outstanding loan balance) is subject to 20% mandatory minimum federal tax withholding for a U.S. person (including a U.S. resident alien).

To request a higher tax rate, specify a whole number above 20%. _____% (refer to DOL Field Assistance Bulletin 2004-02 for details)

OR ☐ I am not a U.S. person nor a U.S. resident alien. Unless I have attached a completed IRS Form W-8BEN, withholding federal tax of 30% will apply.

State Tax Withholding Instructions

State of Residence _____ Enter state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided to us.

State of Residence	Options for State Tax Withholding
AR, DC, DE, KS, MA, MD, ME, NC, NE, OK, VA, VT	You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.
MI, IA	State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked below: ☐ I elect to opt out of withholding. *(This option is only available for residents of Michigan.)* ☐ I am eligible to claim exemption of $_____ ; withhold tax only on the taxable distributed amount that is in excess of the exempt amount. If you check one of the boxes above, you are required to return a completed Form W-4P to your Plan Administrator. Ensure that the election made above is consistent with the election made on your completed Form W-4P.
CA, OR	You may opt out of the mandatory state withholding by checking here. ☐
AL, CO, CT, GA, ID, IL, IN, KY, LA, MN, MO, MT, ND, NJ, NM, NY, OH, SC, UT, WV, WI	You may elect voluntary state income tax withholding by providing a percentage or whole dollar amount to be applied for state tax withholding here. _____% **or** $_____

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5 How would you like the funds to be sent?

Unless Electronic Fund Transfer information is provided below, a check will be issued and mailed using the standing mailing instructions on file with John Hancock Retirement Plan Services, as established by the Plan Trustee.

• *For Check, allow 7-10 business days for regular mail delivery.* • *For Direct Deposit, allow 2-3 business days.* • *For Wire, allow 1-2 business days.*

For Payment Directly to me

☐ Direct Deposit

My personal bank account is ☐ Checking **OR** ☐ Savings

OR

☐ Wire - Verify with receiving bank if they accept wires and/or charge a fee.

Provide Domestic Bank details below.

Bank Name

Bank ABA/Routing (9 digits) | Bank Account No.

For Direct Rollover to Other IRA or Employer Sponsored Qualified Plan

☐ Direct Deposit

OR

☐ Wire - Verify with receiving bank if they accept wires and/or charge a fee.

Provide Domestic Bank details below.

Bank Name

Bank ABA/Routing (9 digits) | Bank Account No.

☐ For International banks, complete and attach the *International Banking Instructions* form.

6 Waiver of Waiting Period

In general, you have a right to a period of at least 30 days to consider the decision of whether to elect a withdrawal from the day that you receive the Special Tax Notice from your Plan Administrator. However, if your plan permits, you may elect to waive this 30-day waiting period and have your benefit paid earlier. To waive the waiting period, check below:

☐ I wish to waive the 30-day waiting period

The information provided in this section shall not be maintained or acted upon by John Hancock Retirement Plan Services.

7 Participant Signature

For participants under a contract issued by John Hancock Life Insurance Company of New York, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation. For all other states, civil penalties may apply.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens).

Under penalties of perjury, I certify that:

1. **The number shown below is my correct taxpayer identification number, and**
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 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.*

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please note that, by signing this form, you declare that you make the above certifications under penalties of perjury.

Under penalties of perjury, I certify the above statements.

Signature of Participant | Name - please print | Date

Participant Social Security Number (Full SSN Required)

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8 Withdrawal Details

Has the final contribution been submitted for this participant?

If the final payroll for this participant has not been submitted to John Hancock Retirement Plan Services, provide the final payroll ending date. Month Day Year

If a date is provided, John Hancock Retirement Plan Services will coordinate processing of this distribution with receipt of the final payroll to avoid additional contributions payouts that often remain uncashed.

Is the participant withdrawing In-Plan Roth Rollover (IRR) assets?

For a total withdrawal, we will report the original rollover amount processed as the amount allocable to IRR assets.

For a partial withdrawal, provide the amount allocable to IRR assets. $ _____

Note: All Roth assets held by the participant would need to be taken into consideration when calculating the amount allocable to the IRR.

If left blank, we will report the amount requested as being first allocable to the IRR assets.

It is important that information on the allocable amount be provided to John Hancock Retirement Plan Services if this allocation order is not consistent with the terms of your Plan.

IRS Distribution Code

The applicable IRS distribution code will be based on the type of distribution and/or age of the participant.

If the early distribution exception code applies check here. ☐ (Code 2 will be applied)

Code B will be included with the applicable code if the distribution includes Designated Roth contributions and the combination is valid.

If a loan is active at time of distribution (Termination, Retirement or Disability), we will apply the applicable age dependent loan distribution code.

If the loan rollover code applies check here. ☐ (Code G will be applied)

Vesting percentage(s)

Vesting is mandatory for partial and total termination, retirement, disability and total early/pre-retirement withdrawals.

The unvested money will be forfeited using instructions given in the Employer Unvested Money section below.
For all other withdrawals vesting is not required.

_____ % for ALL Employer money types

OR

Vesting varies by money type as indicated below

Money Type	%	Other ER Money	%	Other ER Money	%
ER Match					
Profit Sharing					

Employer Unvested Money

If no box is selected, plan information will be applied as previously provided to John Hancock Retirement Plan Services.
If no plan information has been provided and no box is selected below, any unvested money will remain in the Participant's account with current investment instructions.

☐ Transfer to Cash Account
☐ Pay outstanding John Hancock Retirement Plan Services Charges
☐ Refund to Plan Trustee
☐ Leave in Participant account and transfer to default fund

9 Third Party Administrator (TPA) Withdrawal Fee

$ _____ Flat Fee Amount **OR** _____ % Percentage of Invested Balance

John Hancock Retirement Plan Services is not responsible for any uncollected fee amounts as a result of insufficient funds.These shortages will be reported on the transaction and summary confirmations.

No Fee will be applied if this section is not completed.

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10 Trustee/Authorized Signer Signature

If the participant fails to sign Section 7 - Participant Signature (page 3 of this form) the Trustee/Authorized Signer below certifies, under penalties of perjury, that based on the plan sponsor's record, (i) the name shown on this form is the legal name of the participant; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the participant; and, (iii) the participant is a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 C. I acknowledge that John Hancock Retirement Plan Services will rely on this certification in determining the tax withholding and reporting requirements applicable to the requested distribution and agree to hold John Hancock Retirement Plan Services harmless for any errors made in reliance upon this certification.

I certify that all the above information is complete and correct, that the required Participant elections and consent and, if applicable, spousal consent for married participants as required by IRC Sec. 417, have been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975. I also certify that all necessary and applicable information required to be furnished to the Participant under IRC Sec. 417 and an explanation of the direct rollover option and related tax rules required by IRC Sec. 402 have been provided. I also certify that, if applicable, (i) the Participant has waived the 30-day waiting period; and (ii) the Withholding Certificate for Pension or Annuity Payments (Form W-4P) for the states of Michigan and Iowa have been properly obtained, completed in accordance with Michigan and Iowa law, and that any amount exempt from state tax withholding described above accurately reflects such Withholding Certificate submitted by the Participant.

I hereby direct John Hancock Retirement Plan Services to pay to the Third Party Administrator currently on record the above referenced fee (if applicable). I understand that this fee will be deducted from the participant's account balance at the time of the distribution using standard withdrawal protocol, and will be held in the general business account of John Hancock Retirement Plan Services until paid to the Third Party Administrator. I hereby represent that this fee is in accordance with the fee schedule that has been approved by the plan's trustee or named fiduciary as reasonable and authorized under the terms of the plan.

On behalf of the Plan sponsor, the Plan and its related trust, and the Plan Trustee or named Fiduciary, I further agree to indemnify and hold harmless John Hancock Retirement Plan Services, its employees, agents, directors, and officers from any liability, penalties, and taxes that may be incurred as a result of the requested distribution giving rise to one or more prohibited transactions or for implementing requests (including, if applicable, a direct rollover request) based solely on the instructions provided on this form, or if any of the certifications provided on this form are incorrect.

Signature of Trustee/Authorized Signer	Name - please print	Date

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