



## Instructions for completing the Acceptance of Repayment of Coronavirus-Related Distributions

### Important Information before you Begin

Use this form to accept all or a portion of your participant's Coronavirus-Related Distribution

#### Section 1 – General Information

Complete contract holder name (trustee), contract number, participant's name, and social security number of the participant.

#### Section 2 – Repayment Amount

Each repayment must be accompanied by this form, duly completed and signed by the trustee/authorized plan representative. Repayment amounts will not be invested in the participant's account under your plan's John Hancock Retirement Plan Services (John Hancock) group annuity contract unless accompanied by such form.

The repayment check should be issued from the contractholder (trustee) and made payable to John Hancock for the benefit of the participant. Where possible, also include the plan name/contract number on the check.

Example: "John Hancock c/o Trustees of XYZ Plan FBO Jane Doe"

**Note: All repayment checks must be institutional checks (i.e., bank check, cashier's check, money order); no personal checks will be accepted. Checks that are not made payable in the required format may be returned to you and the repayment request will not be processed.**

#### Section 3 – Designation of Repayment Amount

Consult with your plan consultant to ensure that the repayment designations are allowed under your Plan.

First year of designated Roth Contribution – complete this item only if the repayment is being made to a designated Roth account, and the participant does not have a Roth account already established (excluding in-plan Roth rollovers) at John Hancock.

The repayment contribution will be invested according to the participant's latest allocation instructions on file with John Hancock. In the absence of any such allocation instructions, the repayment contribution will be invested in the designated default investment option approved by the plan's Trustee, provided that John Hancock has been provided with the participant's first and last name and Social Security Number and the form has been duly authorized by the plan trustee or authorized plan representative. It is the Plan Administrator's responsibility to provide the Participant with information for each of the investment options available under the Plan.

If the participant wishes to provide alternate instructions for the rollover amount, they must contact our toll-free service line at 1-800-395-1113 to speak to a client account representative or visit our participant website at [www.JohnHancock.com/myplan.com](http://www.JohnHancock.com/myplan.com).

If you have indicated a designation money type that is currently unavailable under your contract, the form must be signed by a Trustee of the Plan.



# Acceptance of Repayment of Coronavirus-Related Distributions

## Important Information about this Form

- Read the instruction pages prior to completing this form.

All changes must be initialed in pen (including items crossed out or changed using correction fluid).

Completed documents (including any signed attachments) can be submitted on the website using the Submit a Document tool. For further assistance, contact your Client Account Representative.

## 1. General Information

The Trustee of \_\_\_\_\_

Contractholder Name

Plan ("the Plan") \_\_\_\_\_

Contract Number

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial) \_\_\_\_\_

Participant Social Security Number (Full SSN Required) \_\_\_\_\_

## 2. Repayment Amount

Repayment Amount \$ \_\_\_\_\_ Total should equal Pre-Tax and/or After-Tax repayment Amount

## 3. Designation of Rollover Amount

If you require assistance in identifying the correct money type, please consult with your TPA.

Pre-tax repayment amount \$ \_\_\_\_\_

Please indicate the appropriate money type(s) and contribution amount(s).

Code	Description	Balance
EERC	401(a) Rollover	\$ _____

After-tax repayment amount \$ \_\_\_\_\_

Please indicate the appropriate money type(s) and contribution amount(s). Money will not be invested until this information is received.

Code	Description	Amount Attributable to Contribution	Amount Attributable to Earnings
EEAT1	401(a) Rollover	\$ _____	\$ _____
EERRT	Repayment attributable to Roth	\$ _____	\$ _____

First Year of designated Roth contribution under prior plan \_\_\_\_\_  
Year

## 4. Authorization and Signature

I, the contractholder named above (or its authorized plan representative), hereby:

1. Certify that I have reasonably concluded that the total repayment amount received by John Hancock with respect to the above mentioned participant is a valid repayment and acceptable under the terms of the company's plan; and
2. Direct John Hancock to invest the repayment contribution according to the participant's latest allocation instructions on file with John Hancock. In the absence of such allocation instructions, the rollover contribution will be invested in the designated default investment option approved by the Trustee of the Plan. The Participant has been provided with information for each of the investment options available under the Plan.

I understand that if I later determine that the repayment amount was an invalid repayment, I am responsible for informing John Hancock and providing the necessary instructions to remove the contribution, plus any earnings attributable thereto, within a reasonable time after such determination.

Signature of Trustee or Authorized Plan Representative \_\_\_\_\_

Name - please print \_\_\_\_\_

Date \_\_\_\_\_