



# Withdrawal – Coronavirus Related Distribution (CARES Act)

## Important Information about this Form

This form should be used only to request a coronavirus-related distribution (“CRD”) as described in Section 2202(a) of the CARES Act. A maximum of \$100,000 may be distributed to you, counting all distributions from this plan and any other plans or IRAs in which you participate. It is your responsibility to ensure that the total amount of your coronavirus-related distributions does not exceed \$100,000. Requests for CRD must be received at John Hancock Retirement Plan Services (“John Hancock”) by December 28, 2020 in order for John Hancock to process by the deadline of December 30, 2020.

- For your information, below is some additional information regarding CRDs:
  - CRDs cannot be rolled over to an IRA or other qualified plan.
  - CRDs are not subject to the 10% premature distribution tax penalty for early withdrawals.
  - The amount of any CRD will be included in your income ratably over the 3-year period beginning with tax year 2020, unless you otherwise elect to be taxable fully in tax year 2020. John Hancock will issue only one 1099R for this CRD, which will be available in 2021.
  - Unless you elect otherwise, you will be subject to 10% withholding for federal income taxes, plus any applicable state tax withholding.
  - The CRD may be repaid to a retirement plan or IRA within 3 years of the date of distribution (in one or more payments), if desired.
- 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 - 5 of this form and return it to your Plan Representative.
- As the Plan Representative, you review Sections 1 - 5, and complete Sections 6 - 8 of this form.
- If the participant address provided below is new or different than what is currently on record with John Hancock, 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.
- John Hancock will issue Form 1099-R with an age-based distribution code. Participants will generally claim an exemption to the 10% early withdrawal penalty pursuant to IRS guidance when they file their personal taxes.

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

## 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)

Participant Address – Street Address

Date of Birth

Month Day Year

City, State, Zip Code, Country

Participant Phone No.

## 2. How much do you want to withdraw?

Tell us how much to withdraw from each eligible money type. Completing the Investment Fund Code is not mandatory. If the Investment Fund Code is left blank, John Hancock's standard withdrawal order will be used. The amount below will be withdrawn as a gross withdrawal before income tax withholding. Specify only vested assets for withdrawal.

Indicate the total to be withdrawn by dollar or percentage amount and money type below – Select ONE option only.

- A.  **Dollar Amount** - If the amount available to withdraw for any specified money type is less than the amount you requested, you will receive your entire available amount. It is your responsibility to ensure that the total amount of your coronavirus-related distributions do not exceed \$100,000.

Total Amount \$ \_\_\_\_\_

Amount	Money Type (Mandatory)	Investment Fund Code (Optional)
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

OR

- B.  **Percentage Amount**

Percentage	Money Type (Mandatory)	Investment Fund Code (Optional)
% _____	_____	_____
% _____	_____	_____
% _____	_____	_____

## 3. Tax Withholding

### Federal Tax

Your withdrawal, if more than \$200, is taxable. CRDs will be included in your income ratably over 3-years beginning with tax year 2020, unless you otherwise elect to be taxable fully in tax year 2020. You are responsible for reporting such withdrawal on your tax return beginning in the year of distribution.

CRDs are subject to federal income tax withholding at the rate of 10%. If you do not want any federal tax withheld from your withdrawal, check the box below. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

To request a higher tax rate, specify a whole number above 10%: \_\_\_\_\_%

- I do not want to have federal income tax withheld from my withdrawal. I understand that no state tax will be withheld.

OR  I am neither a U.S. person nor a U.S. resident alien. Country of residence: \_\_\_\_\_ 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, KS, MA, 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.
CT	Generally, state tax withholding will be applied to your taxable distribution at the rate of 6.99%. However, if you elected a partial withdrawal, a flat dollar amount may be withheld instead, but the amount must be calculated based on a completed CT-W4P form provided to the Plan Administrator. If no amount is indicated, 6.99% will be withheld.  <input type="checkbox"/> I elected a partial distribution on this form and provided a completed CT-W4P to my Plan Administrator. The calculated amount to be withheld is: \$ _____
MI, IA	State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked below: <input type="checkbox"/> I elect to opt out of withholding. (This option is only available for residents of Michigan.) <input type="checkbox"/> 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. <input type="checkbox"/>
AL, CO, DE, GA, ID, IL, IN, KY, LA, MD, MN, MO, MT, ND, NJ, NM, 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. Some states mandate a minimum and/or maximum percentage.  _____ % or \$ _____

## 4. How would you like the funds to be sent?

### Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according the plan's mailing instructions on file with John Hancock.

*Expected Delivery:* • Direct Deposit: 2-3 business days. • Wires: 1-2 business days. • Checks: 7-10 business days

### Electronic Fund Transfer Details

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 international banks, complete and attach the International Banking Instructions form.

## 5. Participant Signature

I certify that I am an individual:

- who is diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention, or
- whose spouse or dependent (as defined in section 152 of the Internal Revenue Code of 1986) is diagnosed with such virus or disease by such a test, or
- who is experiencing or has experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to such virus or disease, being unable to work due to lack of child care due to such virus or disease, closing or reducing hours of a business owned or operated by the individual due to such virus or disease, or
- who satisfies other factors as determined by the Secretary of the Treasury (or the Secretary's delegate). (collectively, a "Qualified Individual").

In addition, I certify that this distribution request, when combined with any other coronavirus-related distributions I have received or have requested from this plan or other plans and IRAs, does not exceed the \$100,000 limit on coronavirus-related distributions.

If my withdrawal is made from Funds with the Guaranteed Income feature, I acknowledge that I have read and reviewed the Guaranteed Income feature brochure and fully understand the consequences and impact that my withdrawal will have on my Benefit Base and other benefits provided by this feature. I understand that a brief outline of the terms and conditions governing my withdrawal is also contained in the summary entitled "Important Information about the Guaranteed Income Feature" which can be found on the John Hancock participant website or obtained from my Plan Administrator.

John Hancock will not charge a fee for this withdrawal request. Other charges or fees may also apply. Please refer to your plan's 404a-5 Plan & Investment Notice available on the participant website at [www.jhnpensions.com](http://www.jhnpensions.com) (in New York, [www.jhnpensions.com](http://www.jhnpensions.com)) for further details.

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 in Section 1 of this form 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

## 6. Withdrawal Details

**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 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.

**7. Third Party Administrator (TPA) Withdrawal Fees**

\$ \_\_\_\_\_ OR \_\_\_\_\_ %  
Flat Fee Amount per Participant Percentage of Invested Balance per Participant

John Hancock 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.**

**8. Trustee/Authorized Signer Signature**

I hereby direct John Hancock to make CRDs described in Section 2202(a) of the CARES Act available under the Contract. I represent that I have caused or will cause (prior to the applicable deadline) the Plan to be amended to permit CRDs, **that I have consulted with my Third Party Administrator about making those amendments, and** that I am authorized on behalf of the Plan Sponsor to provide these representations and directions to John Hancock.

I direct John Hancock to process the CRD described above. If the participant has not signed the Signature section, I certify that I have received from the participant a certification that he/she is a "Qualified Individual" as defined in Section 5. If the participant is a terminated employee, (1) I understand that the CARES Act does not indicate whether the terminated employee's certification that he or she is a Qualified Individual may be relied upon, and (2) I have determined, and represent to John Hancock, that the participant is a Qualified Individual.

If the participant fails to sign the Signature section, 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 above. I acknowledge that John Hancock will rely on this certification in determining the tax withholding and reporting requirements applicable to the requested distribution and agree to hold John Hancock harmless for any errors made in reliance upon this certification.

I hereby authorize John Hancock to rely and act upon the instructions provided on this form. I understand that it is my responsibility to ensure that the withdrawal(s) requested herein are permitted by law and, if applicable, consistent with the terms of the Plan. If the amount withdrawn is paid directly to the Plan Trustee, I also agree and acknowledge that I am responsible for the proper handling of the funds in accordance with the requirements of the law.

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.

In the event that the participant is under the age of 18, I certify that consent to this request has been obtained from the parent or legal guardian authorized to act on the participant's behalf.

I hereby direct John Hancock 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 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, 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