



Plan Information

To be completed by Third Party Administrators

Important Information about this Form

- Complete this form and return it to John Hancock Retirement Plan Services ("John Hancock").
- Consult the accompanying **Plan Information Form Instruction Guide** for more information.

1. General Information

Plan Name _____

Employer Tax Identification Number _____

IRS Plan Number _____

Contract Number _____

Plan Effective Date: _____
Month Day Year

Plan Year End: _____
Month Day

- Is there, or has there ever been, a Safe Harbor election in place as per Section 401(k)(12) of the Internal Revenue Code? Yes No
- Does the plan include a Qualified Automatic Contribution Arrangement (QACA)? Yes No
- Does the plan allow for forfeiture reallocations? Yes No

2. Money Types

Permitted Employee Money Types

Money Type Code	Money Type Description – Employee Only	Permitted by Plan?	Available for Hardship Withdrawals?	Available for Loans?	TPA Source Code	Removed from Plan?
EEDEF	Employee Elective Deferral Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	04	<input type="checkbox"/>
EEROT	Roth 401(k) Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>
EEMAN	Employee Mandatory Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	01	<input type="checkbox"/>
EEVND	Employee Voluntary Non-Deductible Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	02	<input type="checkbox"/>
EEVD	Employee Voluntary Deductible Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>

Other Employee Money Types – please specify

		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Rollover Contributions

Are rollover contributions permitted by the plan? Yes No (If yes, complete the following question and indicate all permitted money types below.)
 Must rollovers be delayed until eligibility requirements are met? Yes No Not applicable. Rollovers are not permitted.

Money Type Code	Money Type Description – Employee Only	Permitted by Plan?	Available for Hardship Withdrawals?	Available for Loans?	TPA Source Code	Removed from Plan?
EERC	401(a) Employee Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	06	<input type="checkbox"/>
EEIRA	IRA Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>
EE457	457(b) Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>
EE403	403(b) Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>
EESEP	SEP Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>
EESIR	Simple IRA Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>
EERRT	Roth 401(k) Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>
EEAT1	401(a) After-tax Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>
EEAT1	403(a) After-tax Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>
EEAT2	403(b) After-tax Rollover Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>

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Plan Name

Contract Number

Permitted Employer Money Types

Money Type Code	Money Type Description – Employer Only	Permitted by Plan?	Available for Hardship Withdrawals?	Available for Loans?	Trustee Directs Investment	TPA Source Code	Removed from Plan?
ERPS	Employer Profit Sharing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00	<input type="checkbox"/>
ERMAT	Employer Matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>
ERMC3	Employer Matching 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75	<input type="checkbox"/>
QMAC	Qualified Match Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	05	<input type="checkbox"/>
SHMAC	Safe Harbor Matching Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>
QNEC	Qualified Non-Elective Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	08	<input type="checkbox"/>
SHNEC	Safe Harbor Non-Elective Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>
S/HGR	Safe Harbor Graded Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
SHPS	Safe Harbor Profit Sharing	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
QACM	QACA Matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
QACN	QACA Non-Elective	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ERCON	Employer Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>
ERMP	Employer Money Purchase Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>
SHMP	Safe Harbor Money Purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Employer Money Types – please specify							
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

*Effective for plan years beginning after 2018.

3. Eligibility

Does the plan have two or more different eligibility rules for any single money type?

- Yes – Do not provide eligibility information. Go to Automatic Enrollment.
- No – Complete this section.

Eligibility Requirements – Specify the conditions of eligibility and plan entry frequency for each money type. Complete Section A and Section B. Complete either Section C or Section D for each money type.

Section A	Section B	Section C	Section D					
Money Type Code	Plan Entry Frequency (e.g. Monthly)	Immediate Eligibility	OR	Minimum Age	Eligibility Crediting Method	Hours of Service	Period of Service (e.g. 12 months)	Part Time Eligibility
		<input type="checkbox"/>			<input type="checkbox"/> Hours of service <input type="checkbox"/> Elapsed time			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/> Hours of service <input type="checkbox"/> Elapsed time			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/> Hours of service <input type="checkbox"/> Elapsed time			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/> Hours of service <input type="checkbox"/> Elapsed time			<input type="checkbox"/>

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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Hours of service <input type="checkbox"/> Elapsed time		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Hours of service <input type="checkbox"/> Elapsed time		

The first date for all plan entry frequencies is normally the 1st day of the plan year.

If any other date applies, specify it here:

Month	Day	Year	

An eligible employee who has satisfied the eligibility requirements will enter the plan on the plan entry date – Select one:

- Coincides with or immediately follows the eligibility date Next follows the eligibility date
 Nearest to the eligibility date Other

The eligibility computation period after the initial eligibility computation period shall – Select one:

- Shift to the plan year
 Be based on each anniversary of the date the employee first completes an hour of service

Excluded Employees – Specify excluded employees by money type. Check all that apply.

Money Type Code	Union	Non-resident Aliens	Highly Compensated	Leased	Other
All Money Types	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Automatic Enrollment

Does the plan provide for automatic enrollment? Yes, as of

Month	Day	Year

 No

Does the Plan allow automatic contribution withdrawals (with an election period of 30 to 90 days)? Yes* No

**If a participant level individual expense applies and the 404a-5 Plan & Investment Notice ("404a-5 Notice") that John Hancock makes available is being used to help satisfy the 404a-5 Regulations, contact your Client Account Representative to determine how the expense information can be provided to John Hancock for inclusion in the Plan's 404a-5 Notice.*

Initial default deferral percentage for automatic enrollment: _____ %

Note: If the plan provides for automatic enrollment, the Plan Entry Frequency for Money Type EEDEF in Section 3 must be completed.

4. Contributions

Employee Contributions

Participants can change their salary deferral elections - Select one:

- As of each payroll period (anytime) On the first day of the plan year or the first day of the 7th month of the plan year
 On the first day of each month On the first day of the plan year
 On the first day of each plan year quarter Other: _____

(Indicate month and day for each date permitted.)

Does the Plan allow for catch-up contributions for participants age 50 and older? Yes No

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Plan Name

Contract Number

Deferral Limits	Percentage	Annual Dollar Limit
Maximum	<input type="checkbox"/> 100% - or - _____ %	<input type="checkbox"/> IRS annual maximum – or - \$ _____ (excluding catch-up)
Minimum	_____ %	

Automatic Contribution Increases

Does the Plan provide for automatic contribution increases? Yes, as of _____
Month Day Year

No – Proceed to Employer Contributions

Applies to – Select one:

- All participants
- Automatically enrolled participants who have not made an election
- New participants only Effective Date: _____
Month Day Year

When are annual increases applied? _____
Month Day

Default annual increase: _____ %

Default maximum for automatic increase _____ %

Employer Contributions

List all employer Money Types that share the same contribution formula; then specify the formula.

Contribution Formula 1	<input type="checkbox"/> Fixed <input type="checkbox"/> Discretionary <input type="checkbox"/> Prevailing wage contribution (profit-sharing only)														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>List Money Type Codes</th></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	List Money Type Codes						<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="background-color: #cccccc;">Matching Contributions</th></tr> <tr><td>_____ % of the first <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals</td></tr> <tr><td>_____ % of the next <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals</td></tr> <tr><th style="background-color: #cccccc;">Maximum Match</th></tr> <tr><td><input type="checkbox"/> \$ or <input type="checkbox"/> % _____ of compensation</td></tr> </table>	Matching Contributions	_____ % of the first <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals	_____ % of the next <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals	Maximum Match	<input type="checkbox"/> \$ or <input type="checkbox"/> % _____ of compensation	OR <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="background-color: #cccccc;">Non-Elective Contributions</th></tr> <tr><td>_____ % of compensation</td></tr> </table>	Non-Elective Contributions	_____ % of compensation
List Money Type Codes															
Matching Contributions															
_____ % of the first <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals															
_____ % of the next <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals															
Maximum Match															
<input type="checkbox"/> \$ or <input type="checkbox"/> % _____ of compensation															
Non-Elective Contributions															
_____ % of compensation															

Contribution Formula 2	<input type="checkbox"/> Fixed <input type="checkbox"/> Discretionary <input type="checkbox"/> Prevailing wage contribution (profit-sharing only)														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>List Money Type Codes</th></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	List Money Type Codes						<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="background-color: #cccccc;">Matching Contributions</th></tr> <tr><td>_____ % of the first <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals</td></tr> <tr><td>_____ % of the next <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals</td></tr> <tr><th style="background-color: #cccccc;">Maximum Match</th></tr> <tr><td><input type="checkbox"/> \$ or <input type="checkbox"/> % _____ of compensation</td></tr> </table>	Matching Contributions	_____ % of the first <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals	_____ % of the next <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals	Maximum Match	<input type="checkbox"/> \$ or <input type="checkbox"/> % _____ of compensation	OR <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="background-color: #cccccc;">Non-Elective Contributions</th></tr> <tr><td>_____ % of compensation</td></tr> </table>	Non-Elective Contributions	_____ % of compensation
List Money Type Codes															
Matching Contributions															
_____ % of the first <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals															
_____ % of the next <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals															
Maximum Match															
<input type="checkbox"/> \$ or <input type="checkbox"/> % _____ of compensation															
Non-Elective Contributions															
_____ % of compensation															

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Plan Name

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Contribution Formula 3			<input type="checkbox"/> Fixed	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Prevailing wage contribution (profit-sharing only)
List Money Type Codes	Matching Contributions	OR	Non-Elective Contributions		
	_____ % of the first <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals		_____ % of compensation		
	_____ % of the next <input type="checkbox"/> % or <input type="checkbox"/> \$ _____ of total elective deferrals				
	Maximum Match				
	<input type="checkbox"/> \$ or <input type="checkbox"/> % _____ of compensation				

5. Vesting

100% vesting applies to the following withdrawal reasons – Select all that apply:

- Retirement
 Early Retirement
 Death
 Permanent Disability

Vesting service crediting method:

- Hours of Service – Specify hours per plan year: _____
 Elapsed Time

The vesting computation period shall be – Select one:

- The Plan Year
 The date an employee first performs an hour of service and each anniversary thereof

Does the plan have two or more vesting schedules for any single money type?

- Yes – Proceed to Section 6 - Forfeitures
 No – Provide the schedules below

If the plan has other vesting schedule(s) besides the standard schedules below, complete the Custom 1 and, if needed, Custom 2 columns.

Years of Service	Fully Vested	3 Year Cliff	4 Year Graded	5 Year Graded	6 Year Graded	Custom 1	Custom 2
0	100%	0%	0%	0%	0%	%	%
1		0%	25%	20%	0%	%	%
2		0%	50%	40%	20%	%	%
3		100%	75%	60%	40%	%	%
4		100%	100%	80%	60%	%	%
5		100%	100%	100%	80%	%	%
6		100%	100%	100%	100%	100%	%

Indicate which schedule applies for each employer money type.

Employer Money Type	Fully Vested	3 Year Cliff	4 Year Graded	5 Year Graded	6 Year Graded	Custom 1	Custom 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Forfeitures

Select the options to be made available for handling unvested/forfeited amounts, as well as the option to be used as a default at the time of withdrawal if no other option is selected.

	Forfeiture Options (Select all that apply)	Default Option (Select one)
Leave in participant's account as invested	<input type="checkbox"/>	<input type="checkbox"/>
Leave in participant's account and transfer to contract's default investment option	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to contract's cash account	<input type="checkbox"/>	<input type="checkbox"/>
Refund to Plan Trustee	<input type="checkbox"/>	<input type="checkbox"/>
Use to pay outstanding John Hancock contract charges	<input type="checkbox"/>	<input type="checkbox"/>

Note: If employee and/or employer contributions remain in the participant's account after a withdrawal, the participant will continue to be able to direct the investment of the full balance of the account (including any unvested money remaining in the account) unless John Hancock has been otherwise directed.

7. Withdrawals

- Does the plan require spousal consent for distributions? Yes No
- Does the plan allow mandatory distributions (involuntary withdrawals)? Yes* No
- Does the plan allow qualified birth or adoption distributions? Yes* No
- Does the plan allow in-service withdrawals of employee voluntary contributions (EEVND)? Yes* No N/A

Retirement Provisions

Retirement withdrawals are permitted when the employee reaches the following age: _____

Does the plan allow pre-retirement withdrawals? Yes* No

Pre-retirement withdrawals are permitted when the employee reaches the following age: _____

Hardship Withdrawal Provisions – if applicable

Does the plan allow hardship withdrawals? Yes* No – Proceed to Forms of Distribution

Hardship withdrawals are based on: Facts and circumstances Safe Harbor rules

Does the plan allow earnings from EDEF hardship withdrawals? Yes No (effective for plan years beginning after 2018)

Minimum amount for hardship withdrawal: \$ _____ Maximum amount for hardship withdrawal: \$ _____

Note: Complete the permitted money types for hardships in Section 2.

Forms of Distribution – Check all that apply

Lump Sum Installments Annuity Partial Withdrawal – Minimum (optional) \$: _____ Other

**If a participant level individual expense applies and the 404a-5 Plan & Investment Notice ("404a-5 Notice") that John Hancock makes available is being used to help satisfy the 404a-5 Regulations, contact your Client Account Representative to determine how the expense information can be provided to John Hancock for inclusion in the Plan's 404a-5 Notice.*

8. Loans

Does the plan allow loans? Yes No – Proceed to Section 9 Other Plan Information

Maximum amortization period per loan type:

General Purpose: _____ years Hardship: _____ years Primary Residence: _____ years

Loan Limits

Minimum loan amount: \$ _____

Participants may borrow up to _____% of their vested balance, up to a maximum of \$ _____

Maximum number of outstanding loans allowed per participant: _____ or unlimited

Plan Name

Contract Number

Loan Interest Rate

Prime or _____ % above prime

Note: Complete the permitted money types for loans in Section 2.

**If a participant level individual expense applies and the 404a-5 Plan & Investment Notice ("404a-5 Notice") that John Hancock makes available is being used to help satisfy the 404a-5 Regulations, contact your Client Account Representative to determine how the expense information can be provided to John Hancock for inclusion in the Plan's 404a-5 Notice.*

9. Other Plan Information

Does the plan provide for permitted disparity? Yes No

Complete the following questions only if John Hancock is distributing initial QDIA notifications on behalf of the Plan Sponsor.

Does the plan permit investments in individual securities? Yes No

Does the plan impose any restrictions, fees or expenses (e.g. surrender charge, exchange fee, or redemption fee) on transferring or withdrawing from the QDIA after the initial 90-day period (as per QDIA regulations S2550.404c-5(c)(5)(iii))? Yes No

If Yes, specify the restrictions, fees and/or expenses. This description will appear on initial QDIA notifications.

10. Signature

Authorized Officer of Designated TPA Firm

I, the undersigned, an officer of the TPA Firm named below and duly authorized on behalf of the Firm hereby acknowledge that the information provided on this form is the most up to date information for the plan as of the date this form is signed. Requests that are not consistent with the information provided on this form could be subject to delay, and John Hancock is not responsible for any losses that may be incurred as a result of such delay.

The undersigned represents that the Firm acts as a third party administrator for the client plan (the "Plan") associated with the Firm's TPA identification number and has proper authorization to provide this information to John Hancock. I hereby acknowledge and agree that John Hancock does not have any responsibility to verify the correctness or the accuracy of the Plan information provided and may fully rely on such information to perform its services under the group annuity contract. I hereby certify that, to the best of my knowledge, the information provided on this form is accurate and correct, I and agree to provide updated Plan information to John Hancock upon any change to the information provided herein.

Signature of Authorized Officer of Designated TPA Firm Name - please print Date

Name of Designated TPA Firm

OR

Trustee or Authorized Plan Fiduciary

I hereby acknowledge and agree that John Hancock does not have any responsibility to verify the correctness or the accuracy of the Plan information provided and may fully rely on such information to perform its services under the group annuity contract. I acknowledge and agree that the provision of plan design information to John Hancock does not relieve me of compliance responsibilities with respect to the Plan and that I myself, and not John Hancock, am responsible for ensuring the Plan's compliance with all qualification requirements of the Internal Revenue Code and other requirements under applicable law. Requests that are not consistent with the information provided on this form could be subject to delay, and John Hancock is not responsible for any losses that may be incurred as a result of such delay.

On behalf of the Plan Sponsor, the Plan, its participants and beneficiaries, I agree to hold harmless and indemnify John Hancock, its employees, agents or affiliates for any loss or damages to the Plan, its participants or beneficiaries for relying and acting on the information, updates and instructions that I (or my authorized representatives, including my TPA Firm) provide from time to time, or if any of the information, updates, or instructions so provided is inaccurate, incorrect, or not provided in a timely manner.

Signature of Trustee or Authorized Plan Fiduciary Name - please print Date