



## Instructions for Acceptance of Rollover Contribution

### Important Information Before you Begin

Use this form for all Rollovers except In-Plan Roth Rollovers.

#### Section 1 – General Information

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

Each rollover contribution must be accompanied by this form, duly completed and signed by the trustee/authorized plan representative. Rollover 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 this form.

The rollover contribution check should be made payable to John Hancock for the benefit of the participant. Where possible, also request that the plan name/contract number be included on the check.

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

Alternatively, the rollover contribution can be sent as an electronic fund transfer. Contact your client contact representative for more information.

#### Section 2 – Rollover Amount

Indicate the amount of the rollover.

#### Section 3 – Designation of Rollover Amount

Your Plan Consultant (TPA) is responsible for keeping track of after-tax monies attributable to pre-1987 and post-1986 contributions. John Hancock does not record-keep this information.

401(a) Rollover designation includes assets rolling in from a 401(k) plan.

Beginning in 2007, after tax contributions held in a Section 403(b) plan may be directly rolled over into a qualified 401(a) plan if your Plan permits and if certain conditions are satisfied. Please check with your Plan Administrator for details.

Indirect Roth 401(k) Rollover - If a distribution from a designated Roth 401(k) account is made to a participant and the participant then rolls over the distribution within 60 days from the date of the distribution, such a rollover is an indirect rollover. Only the portion of the distribution that is includible in gross income (i.e. earnings) is permitted to be rolled over in an indirect rollover.

First year of designated Roth contribution under prior plan - Complete this item only if the rollover consists of Roth 401(k) contribution and the rollover is a direct rollover. If the year is not provided, we will use the first year in which the participant makes a regular Roth 401(k) contribution under this group annuity contract to determine if the participant's distribution satisfies the 5-year requirement of a "qualified distribution". If you have not made previous designated Roth 401(k) contributions, and the year is not provided, we will use the current year as the first year of designated Roth contributions. You do not need to complete this item if the rollover from the Roth 401(k) account is not a direct rollover.

The rollover 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 rollover contribution will be invested in the designated default investment.

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](http://www.Johnhancock.com/myplan).

If you have designated a money type that is currently unavailable under your contract, the form must be signed by a trustee of the plan and the money type will be added to your contract.



# Acceptance of Rollover Contribution

## Important Information about this Form

- Read the instruction pages prior to completing this form.
- This request is subject to the processing and procedure guidelines contained in John Hancock Retirement Plan Services ("John Hancock") Administrative Guidelines for Financial Transactions ("AGFT"). The latest AGFT is available on the John Hancock plan sponsor website or you may contact your John Hancock representative for a copy.

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. Rollover Amount

Rollover Amount \$ \_\_\_\_\_

## 3. Designation of Rollover Amount

If you require assistance in identifying the correct money type, please consult with your Plan Administrator (TPA). Money will not be invested until this information is received and the form is in good order.

Pre-tax rollover amount \$ \_\_\_\_\_

After-tax rollover amount \$ \_\_\_\_\_

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

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Code	Description	Balance
EERC	401(a) Rollover	\$
EEIRA	IRA Rollover	\$
EE457	Governmental 457(b) Rollover	\$
EE403	403(b) Rollover	\$
EESEP	SEP Rollover	\$
EESIR	SIMPLE IRA Rollover	\$

Code	Description	Amount Attributable to Contribution	Amount Attributable to Earnings
EEAT1	401(a) Rollover	\$	\$
EEAT1	403(a) Rollover	\$	\$
EEAT2	Direct 403(b) Rollover	\$	\$
EERR T	Direct Roth 401(k)/403(b) Rollover	\$	\$
EERR T	Indirect Roth 401(k)/403(b) Rollover		\$

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

## 4. Authorization and Signature

I, the undersigned, hereby:

1. represent that the total rollover amount for the Plan participant identified on this form is a valid rollover contribution (as defined in Treas. Reg. Section 1.401(a)(31)-1, Q&A 14 and acceptable under the terms of the Plan); and
2. I further direct John Hancock to invest the rollover amount as described above.

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

On behalf of the Plan Sponsor, the Plan and its related trust, I agree to indemnify and hold harmless John Hancock, its affiliates, and each of their employees, agents, directors and officers from and against any and all liability, penalties and taxes that may be incurred as a result of the above request giving rise to one or more prohibited transactions or for implementing the request based solely on the instructions provided on this form.

\_\_\_\_\_  
Signature of Trustee or Authorized Signer

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

\_\_\_\_\_  
Date