



RETIREMENT PLAN
SERVICES

Instructions for Rollover Contribution

Important Information Before you Begin

Section 1 - General Information

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

Section 2 - Rollover Amount

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 group annuity contract unless accompanied by such form.

The rollover contribution check(s) should be made payable to the trustee of the plan For Benefit Of the participant.

Example: "Trustee of XYZ Corp Savings Plan FBO Jane Doe"

The trustee should then endorse the check(s) to John Hancock.

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 Retirement Plan Services does not record-keep this information.

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 Retirement Plan Services. In the absence of any such allocation instructions, the rollover contribution will be invested in the designated default investment option approved by the plan's Trustee, provided that John Hancock Retirement Plan Services 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. The Participant has been provided 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.jhpensions.com (in New York, www.jhny pensions.com)

If you have indicated a Rollover Money Type that is currently unavailable under the contract, the form must be signed by a Trustee of the Plan.



RETIREMENT PLAN SERVICES

Instructions for Rollover Contribution

1 General Information

The Trustee of _____ **Plan (the "Plan")** _____

Contractholder Name _____ Contract Number _____

Participant Name (Last Name, First Name, Initial) _____ Participant Social Security Number _____

2 Rollover Amount

Rollover Amount \$ _____

3 Designation of Rollover Amount

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

Pre-tax rollover amount \$ _____

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

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	\$ _____

After-tax rollover 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	\$ _____	\$ _____
EEAT1	403(a) Rollover	\$ _____	\$ _____
EEAT2	Direct 403(b) Rollover	\$ _____	\$ _____
EERRT	Direct Roth 401(k)/403(b) Rollover	\$ _____	\$ _____
EERRT	Indirect Roth 401(k)/403(b) Rollover	_____	\$ _____

First year of designated Roth contribution under prior plan _____
Year

4 Authorized Plan Representative Signature

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

- certify that I have reasonably concluded that the total rollover amount received by John Hancock Retirement Plan Services with respect to the above mentioned participant 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 company's plan); and
- direct John Hancock Retirement Plan Services to invest the rollover contribution according to the participant's latest allocation instructions on file with John Hancock Retirement Plan Services. In the absence of any 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 rollover amount was an invalid rollover contribution, I am responsible for informing John Hancock Retirement Plan Services and providing the necessary instructions to remove the contribution, plus any earnings attributable thereto, within a reasonable time after such determination.

Signature of Trustee/Authorized Plan Representative _____ Name _____ Date _____