



Accumulated Retirement Account (ARA) Group Annuity Plan Design Information

John Hancock Life Insurance Company of New York

(hereinafter referred to as John Hancock New York or The Company)

- Use this form to provide Plan Design Information to John Hancock New York.
- This form is to be completed by the plan's designated Third Party Administrator.

Section A - General Information

Contractholder Name The Trustees of		Contract Number
Plan Name		Plan (the "Plan")
Employer Tax Identification Number		Plan Number

Section B - General Plan Information

Plan Effective Date:

Month	Day	Year
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 Payroll Frequency: Weekly Bi-weekly Semi-monthly Monthly

Section C - Eligibility and Participation

Initial plan entry date:

Month	Day
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 (Date used as the basis for plan entry frequency.)
 Frequency of Plan Entry (Select one, if applicable): Monthly Quarterly Semi-Annually
 Type of deferral: Percentage Dollar Either Percentage or Dollar
 Does the Plan allow for catch-up contributions for participants age 50 and older? Yes No

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

Section D - Plan Contribution Provisions

Is this a Safe Harbor Plan, as described in Section 401(k)(12) of the Internal Revenue Code? Yes No

Permitted Money Sources - For a description of Money Sources see the TPA/Plan Sponsor Website.
 Regular (REG) External Transfer (XTFR) Individual Rollover (XTFR2) Internal Forfeiture Unvested (IFORF) External Forfeiture Unvested (XFORF)

Permitted Money Types - Please indicate all contribution types applicable to the plan. For a description of Money Types see the TPA/Plan Sponsor Website.
 If preferred, you can provide us with customized money type and/or money source names which will be used in all our communications with you.
 To customize money type and/or money source names, contact your client account representative.

Money Type	Short Name	TPA Source Code	Select if Contributions permitted by Plan	Select if 100% vested	Money type(s) permitted for Hardship withdrawal (if applicable)	Money type(s) permitted for loan issue (if applicable)
Employee Elective Deferral Contributions	EEDEF	04	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k) Contributions ^{2, 3} (Plan must also include EEDEF contributions)	EEROT	12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Mandatory ²	EEMAN	01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Voluntary Non-Deductible Contributions ²	EEVND	02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Voluntary Deductible Contributions ³	EEVD	52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Matching	ERMAT	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Matching 3	ERMC3	75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Profit Sharing	ERPS	00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Match Contributions ^{1, 3} or	QMAC	05	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Safe Harbor Matching Contributions ^{1, 3}	SHMAC	05	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Qualified Non-Elective Contributions ^{1, 3} or	QNEC	08	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Safe Harbor Non-Elective Contributions ^{1, 3}	SHNEC	08	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Safe Harbor Graded Contributions ³	S/HGR	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please indicate)			<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"/>

1- QMAC/QNEC contributions and Safe Harbor Matching and Safe Harbor Non-Elective contributions are not permitted for Hardship withdrawal.
 2- Contributions are after-tax.
 3- Not available in Puerto Rico.

Section D - Plan Contribution Provisions - continued

Applicable to Money Purchase or Target Benefit Plans only

Money Type	Short Name	TPA Source Code	Select if Contributions permitted by Plan	Select if 100% vested	Money type(s) permitted for Hardship withdrawal (if applicable)	Money type(s) permitted for loan issue (if applicable)
Employer Contribution	ERCON	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Money Purchase Contributions	ERMP	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicable to Rollover Contributions only

Money Type	Short Name	TPA Source Code	Select if Contributions permitted by Plan	Select if 100% vested	Money type(s) permitted for Hardship withdrawal (if applicable)	Money type(s) permitted for loan issue (if applicable)
401(a) Employee Rollover Contributions	EERC	06	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRA Rollover Contributions	EEIRA	21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
457(b) Rollover Contributions ^{3.}	EE457	22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
403(b) Rollover ^{3.}	EE403	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k) Rollover Contributions ^{3.}	EERRT	29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEP Rollover Contributions ^{3.}	EESEP	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple IRA Rollover Contributions ^{3.}	EESIR	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-tax Rollover1 ^{2. 3.}	EEAFT1	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-tax Rollover2 ^{2. 3.}	EEAFT2	28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Contributions are after-tax.

3. Not available in Puerto Rico.

Section E - Plan Withdrawal Provisions

Does the Plan require spousal consent for distributions? Yes No

Does the Plan allow mandatory distributions? Yes No

Retirement Provisions

Retirement withdrawals are permitted when the employee reaches the following age

Early Retirement withdrawals are permitted when the employee reaches the following age

Hardship Withdrawal Provisions (if applicable)

Are hardship withdrawals based on the Facts and Circumstances **OR** Safe Harbor test?

Minimum amount permitted for hardship withdrawal \$ Maximum amount permitted for hardship withdrawal \$

Complete the permitted money types for hardships in Section D.

Section F - Loan Provisions (if applicable)

Maximum amortization period per loan type General purpose years

Hardship years

Primary residence years

Minimum amount permitted for loan issuance \$ Maximum amount permitted for a loan issuance \$

Participants may borrow up to % of their vested balance. (Maximum Loan Percentage)

Maximum number of outstanding loans allowed for participant

Loan interest rate % above prime

Complete the permitted money types for loans in Section D.

Section G - Vesting Provisions

100% vesting applies to the following withdrawal reasons (select all of those applicable)

- Retirement
 Early retirement
 Death
 Permanent Disability

Vesting service crediting method

- Hours of Service, indicate Hours of Service requirement Hours Per Plan Year
 OR
 Elapsed Time

The vesting computation period shall be (select one)

- Plan Year
 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 page 4 - Vesting Provisions - Forfeitures
 No - Complete Standard or Customized Schedules below.

Vesting Schedule - Indicate the money type and the corresponding schedule that applies. John Hancock New York can only accommodate 1 schedule per money type.

John Hancock New York supports 5 standard vesting schedules as illustrated below. If the vesting schedule is not one of these standard ones, please complete the **Customized Schedules** section below.

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

If the plan includes vesting schedules not listed above or non-standard vesting schedules, complete the "Customized Schedules" section.

Standard Schedules

Employer Money Type - 5 Character Code or Long Name	Vesting Schedule as per the sample above (Select applicable schedule - one per money type)			
	3 Year Cliff	4 Year Graded	5 Year Graded	6 Year Graded
	<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"/>

Customized Schedules

Employer Money Type	Years of Service (Indicate % per year of service)						
	0	1	2	3	4	5	6
	%	%	%	%	%	%	100%
	%	%	%	%	%	%	100%
	%	%	%	%	%	%	100%
	%	%	%	%	%	%	100%
	%	%	%	%	%	%	100%

Section G - Vesting Provisions - continued

Forfeitures - Indicate the Plan forfeiture options, as well as the option to be used as default at the time of withdrawal.

Note: If no default option is elected, money will remain in Participant's account with current investment instructions.

	Forfeiture Options (Select all applicable)	Default Option (Select one only)
Leave in participant's account as invested	<input type="checkbox"/>	<input type="checkbox"/>
Leave in participant's account (transfer to contract default fund)	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to Contract's cash account	<input type="checkbox"/>	<input type="checkbox"/>
Refund to Trustee	<input type="checkbox"/>	<input type="checkbox"/>
Use to pay outstanding John Hancock New York contract charges	<input type="checkbox"/>	<input type="checkbox"/>

Section H - 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 New York 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 New York. I hereby acknowledge and agree that John Hancock New York 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, and agree to provide updated Plan information to John Hancock New York upon any change to the information provided herein.

Signature of authorized officer of designated TPA firm	Name of designated TPA firm	Date
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OR

Trustee or Authorized Named Fiduciary

I hereby acknowledge and agree that John Hancock New York 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 New York does not relieve me of compliance responsibilities with respect to the Plan and that I myself, and not John Hancock New York, 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 New York 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 New York, 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 Named Fiduciary	Name of Trustee or Authorized Named Fiduciary	Date
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