



Instructions for Rollover Contribution

Contractholder name (trustee)	Contract number
Participant name (last name, first name, initial)	Social security number of 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 the John Hancock USA group annuity contract unless accompanied by such form. The rollover contribution check 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 to John Hancock USA.

Total rollover amount \$

If you require assistance in identifying the correct money type, please consult your Third Party Administrator.

Pre-tax rollover amount \$

After-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	\$
EESP	Spousal Beneficiary Rollover	\$

*** Your Third Party Administrator is responsible for keeping track of after-tax monies attributable to pre-1987 and post-1986 contributions. John Hancock USA does not record-keep this information.**

Please indicate the appropriate money type(s) and contribution amount(s). Money will not be invested until this information is received.

Description	Amount Attributable to Contribution	Amount Attributable to Earnings
401(a) Rollover *	\$	\$
403(a) Rollover *	\$	\$
Roth 401(k) Rollover	\$	\$
Initial Contribution	Month	Year
Date of Roth 401(k)		

If this information 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".

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

- certify that I have reasonably concluded that the rollover check received by John Hancock USA 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 USA to invest the rollover contribution (select from the options below, as appropriate):
 - A** According to the participant's latest allocation instructions on file with John Hancock USA;
 - B** According to the instructions completed on page 2 of this Form.

I understand that, if I fail to check one of the boxes above, the rollover contribution will be invested according to the participant's latest allocation instructions on file with John Hancock USA. 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 USA has been provided with the participant's first and last name and Social Security Number. I also understand that if I check Box B above, the instructions on page 2 of this Form will apply to this rollover contribution only. If the participant wishes to make alternate allocation choices for existing or future contributions, the participant will need to provide revised instructions accordingly. I agree that, if I later determine that the above rollover contribution was an invalid rollover contribution, I am responsible for informing John Hancock USA and providing the necessary instructions to remove the contribution, plus any earnings attributable thereto, within a reasonable time after such determination.

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

Signed at	City	State	This	Day of	Year
-----------	------	-------	------	--------	------

Signature of trustee/authorized plan representative	Name
---	------

