



Mandatory Distributions Request

- Complete Sections A and B for all requests.
- Complete Section C for mandatory distributions payable directly to the participant.
- Complete Section D for automatic rollover of mandatory distributions being directed to Individual Retirement Plans.

Section A - Trustee Information

Contractholder Name (Trustee) Trustee of	Plan (the "Plan")	Contract Number
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Section B - Instructions for Employer Unvested Money - Complete this Section to provide instructions for Employer Money forfeited by any of the participants listed in Section C or D. If no option is selected, money will be left in participant's account, invested in accordance with current instructions on file with John Hancock USA.

Options for Employer Unvested Money

- Transfer to Contract Cash Account for future allocation (Money will be credited to the Contract Cash Account)
- Use to pay outstanding John Hancock USA contract charges
- Leave as invested in participant's account until instructions are sent to John Hancock USA.
- Transfer unvested money from sub-accounts to the most conservative sub-account available under your contract? Yes No
- Refund to Plan Trustee for deposit in Plan's Trust Account

Section C - Mandatory distributions payable to participant - No mandatory distributions will be paid unless full and complete information with respect to each participant listed under Section C is provided.

1. Participant Information

Name of Participant	Social Security Number	IRS Distribution Code
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Address of Participant - Number, Street, Apt No, City, State, Zip Code

Vesting percentage(s) for: Employer Match	%	Other ER Money	%	State of Residence
Profit Sharing	%	Other ER Money	%	

Are there any outstanding loans from the account? Yes No If **Yes**, what is the IRS distribution code to be used for the 1099R on the loan default?

If an outstanding loan exists, the outstanding loan balance will be defaulted. Depending on the distribution code, it may be treated as a distribution, and may be subject to tax withholding unless a check for the outstanding balance is enclosed with this form.

See attached - If you are submitting Mandatory Distribution requests payable to participants for multiple participants, you may include an attachment with the payout details - you must include all of the information as listed above in the attachment.

2. Signature

I certify that all the above information (including the information provided in the attached additional sheet(s)) is correct and that, under the terms of the Plan, the distribution due to each participant listed under Section C may be paid directly to the participant without his or her consent. I also certify that all such distributions are eligible for direct rollover into an eligible retirement plan, and that each participant has either elected to receive direct payment of the amount or failed to elect to have such distribution paid in a direct rollover to an eligible retirement plan. Accordingly, I hereby direct John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA") to withhold state income tax and the mandatory 20% federal income tax from the taxable amount prior to each distribution. I further certify that all necessary information required to be furnished to each participant, including an explanation of the direct rollover option and related tax rules required by IRC Section 402(f), has been provided. I certify that each distribution is not for purpose of a prohibited transaction as defined in IRC Section 4975 and, if applicable under the terms of the plan, each participant listed above has waived the 30 day waiting period. I acknowledge and agree that neither John Hancock USA nor its employees, agents, and officers are responsible for any delay in processing the requested distributions from my (or the Plan's) failure to provide in full the required information above. On behalf of the Plan sponsor, I further agree to indemnify and hold harmless John Hancock USA, its employees, agents, directors, and officers from any liability, penalties, and taxes that may be incurred as a result of any of the requested distributions giving rise to one or more prohibited transactions or for implementing the instructions on this form.

Signed at	City	State	This	Day of	Year
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Signature of authorized plan representative	Name - please print
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