



MUTUAL FUNDS

Ira Distribution Request Form

1. Type of Account (check one)

- Traditional IRA Roth IRA Coverdell Education Savings Account (ESA) SEP/SARSEP

Note: For SIMPLE IRA distributions, use the SIMPLE IRA Distribution Form. For 403(b)(7) plan distributions, use the 403(b)(7) Distribution Request Form.

2. Your Information

Plan Name (required for SEP/SARSEP only)

Name (First)

(MI)

(Last)

Social Security Number (Required)

Date of Birth (MM/DD/YYYY)

Phone Number

Fund Name or Number

Account Number

3. Type of Distribution (check one)

Note: For distributions from multiple accounts, please use a separate form for each account or attach an itemized breakdown listing the fund, account and amount to be distributed from each account.

- Coverdell ESA Distribution:** I am the Responsible Individual or Designated Beneficiary of the ESA and acknowledge the tax consequences.
- Normal:** I have attained or am over age 59½ (your distributions must begin by April 1 of the year following your attainment of age 70½).
- Premature:** I am under the age of 59½ and I am aware that this is a premature distribution and may be subject to IRS penalties.*
- Substantially Equal Periodic Payments:** I intend to receive substantially equal periodic payments (not less frequently than annually), made for my life (or the life expectancy) or the joint lives (or joint life expectancy) of me and my beneficiary. If payment amount has been determined, complete the Systematic Withdrawal Payment portion of Section 5. Otherwise, complete the Life Expectancy Distribution portion of Section 5.
- Death:** I am the beneficiary or inherited owner of this account. A death certificate and a completed IRA Adoption Agreement are attached. Also attached, if required, is a tax waiver from the decedent's state of residence.
- Disability:** I am unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment, and my condition is expected to result in death or to be of long, continued and indefinite duration. (Statement on a doctor's letterhead required.)
- Excess Contribution:** Remove my excess contribution of \$ _____ made for the _____ tax year.
Please check one:
- Issue the check to me, including any net income earned on the excess amount.
- Remove the excess monies and interest and reapply them as a:
- Current year contribution Prior year contribution (January 1 through April 15 only)
- Remove the excess monies and interest. I have filed an extension with the IRS. Reapply them as a current or prior year contribution.

For SEPs and SARSEPs only: Employee Employer Plan end date _____

ROTH IRA ONLY This distribution is being taken within the first five years of establishment.

*If you are under 59½ you will be subject to a 10% early withdrawal penalty unless you meet an exception under the Internal Revenue Code. In order to claim an exception, you must file IRS Form 5329. See the IRS Web site at www.irs.gov for more details.

4. Income Tax

Federal income taxes will automatically be withheld from your IRA distribution at a rate of 10% unless you elect **NOT** to have taxes withheld or select a greater rate below. If applicable, state withholding will also be withheld.* Federal income taxes will not be withheld from Coverdell ESA distributions.

Please select one of the following Income Tax Withholding Elections:

- No:** Do not withhold Federal income tax from my distribution (state tax will not be withheld). If you elect to have no Federal taxes withheld from your distribution payments, or if you do not have enough Federal income tax withheld from your distributions, you are still liable for the payment of Federal income tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If your distribution is delivered outside of the U.S. or one of its possessions, this option is not available to you unless you provide a home address within the U.S. or one of its possessions.
- Yes:** Withhold Federal income tax at a rate of _____% (not less than 10%) and any applicable state taxes.

*Note about state taxes: John Hancock will withhold your state's minimum required tax if Federal taxes are withheld from your distribution and you live in a mandatory withholding state.

5. Method of Distribution

Please complete Section A or Section B.

I hereby direct the Custodian to make the following distribution:

A. Immediate Payments (Select one of the following.):

- Total Distribution and Account Termination**
 Partial Distribution Specify amount \$_____ or # of shares _____ .

For Class B and Class C shares subject to a contingent deferred sales charge (CDSC), select one of the following. If you do not select either option, your distribution will be processed as GROSS.

- Net-Applicable CDSC taken from account balance. Your check will be issued for the full amount requested.
 Gross-Applicable CDSC taken from the requested amount. Your check will be issued for the amount requested, less the CDSC amount.

B. Future Payments (Select one of the following.):

- Systematic Withdrawal Payments:** Payments in the amount of \$_____ will be made on the _____ day of each month.
If a specific day is not selected, your payment will be distributed on the 25th of the month.

Date payments are to begin _____ Specify Frequency: Monthly Quarterly Semiannually Annually
Month/Year

- Life Expectancy Payments:** Payments based on the life expectancy noted below will be determined from the appropriate IRS annuity tables and distributed as indicated below. If you choose a beneficiary other than your spouse, the life expectancy factors used will be adjusted, and payment will be based on a hypothetical beneficiary not more than 10 years younger than you. John Hancock Funds will default to the non-recalculation method of determining subsequent required minimum distribution amounts, unless otherwise notified.

Payments will be made on the _____ day of each month. If a specific day is not selected, your payment will be distributed on the 25th of the month.
Date payments are to begin _____ Specify Frequency: Monthly Quarterly Semiannually Annually
Month/Year

Payments will be based on Single Life Expectancy OR Joint Life Expectancy with my beneficiary.

Beneficiary is Spouse Non-spouse Beneficiary's date of birth is: _____

6. Method of Payment

Select one of the following payee options:

- Mail check directly to me at my address of record.
 Mail check directly to me at my address of record using express mail. A \$20 fee will be assessed.
 Reinvest proceeds into my existing, non-retirement account in the same fund _____ (please provide account number).
 Mail to the alternate payee or alternate address listed below. Your signature must be Medallion Signature Guaranteed in Section 7.

- Wire to the bank account listed below. Please include a voided check. A \$4.00 fee will be assessed for wires that are not part of a systematic withdrawal payment. Wires to a third-party bank account will require a Medallion Signature Guarantee in Section 7.

Bank Name

Bank Routing Number

Bank Account Number

Name(s) of account holder exactly as on bank statements

7. Signature Section

I, the undersigned, fully understand that I am responsible for determining that the minimum distribution requirements are met each year and that failure to meet the minimum distribution requirements may result in tax penalties. I acknowledge that neither the Custodian, John Hancock Funds, nor any of their agents has made any representations about the tax consequences of this transaction. I certify that this distribution is in accordance with the terms of the Custodial Agreement.

X _____
Signature of Account Owner or Inherited Account Beneficiary Date

IMPORTANT: The signature must correspond exactly and without alteration with the name as printed on your Account Statement. If you are acting in a special capacity, that capacity must be indicated after your signature. Additional documentation may be required. Please call a Customer Service Representative at 1-800-225-5291 for more information.

NOTE: If you elected to have your distribution sent to an alternate payee, alternate address or bank account in Section 6, or your distribution is over \$100,000.00, your signature must be Medallion Signature Guaranteed in the presence of an authorized guarantor. A signature guarantee is available from a bank, broker-dealer, credit union (if authorized under state law) or a securities exchange. A notary public cannot provide a signature guarantee. We cannot accept a notarization in lieu of a signature guarantee.

Regular mail:

Mutual Fund Operations
John Hancock Signature Services, Inc.
P.O. Box 55913
Boston, MA 02205-5913

Express mail:

Mutual Fund Operations
John Hancock Signature Services, Inc.
30 Dan Road
Canton, MA 02021

Medallion signature guaranteed by (if applicable):