



MUTUAL FUNDS

# SIMPLE IRA Distribution Request Form

## 1. Your Information

Plan Name

Name (First)  (MI)  (Last)

Social Security Number  -  -  Date of Birth (mm/dd/yyyy)  /  /  Phone Number  -  -

Fund Name or Number  Account Number

## 2. Type of Distribution (check one)

- 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.\*
- Death:** I am the beneficiary or inherited owner of this account. A death certificate and a completed IRA or SIMPLE 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  employee or  employer excess contribution in the amount of \$\_\_\_\_\_ made for the \_\_\_\_\_ tax year, including any net income earned on the excess amount.

\* If you are under 59½, you will be subject to a 10% early withdrawal penalty (25% if you have not participated in your SIMPLE IRA plan for at least 2 years) 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](http://www.irs.gov) for more details.

## 3. Method of Distribution

Please complete Section A or Section B. I hereby direct the Custodian to make the following distribution:

### A. IMMEDIATE PAYMENTS

- Total Distribution/Account Termination**  **Partial Distribution** Specify amount \$ \_\_\_\_\_ or # of shares \_\_\_\_\_  NET  GROSS
- CDSC charges may reduce the amount received on B and C share class accounts. If the account you are requesting a distribution from is in Class B or C shares, your redemption may be subject to a deferred sales charge. Please select the box labeled NET if you wish any applicable sales charge to be removed from your account balance rather than your check. Please select the box labeled GROSS if you wish any applicable sales charge to be removed from the actual dollar amount requested. If you do not select either option, your distribution will be processed as GROSS.

### B. FUTURE PAYMENTS (made on the 25<sup>th</sup> of each month)

- Life Expectancy Distribution:** 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 yourself.)

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

Single life expectancy, **OR**  Joint life expectancy with beneficiary.  
 My:  Spouse  Non-Spouse Beneficiary's date of birth is:  /  /   
 Month Day Year

## 4. Income Tax

Federal income taxes will automatically be withheld from your 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.\*

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.

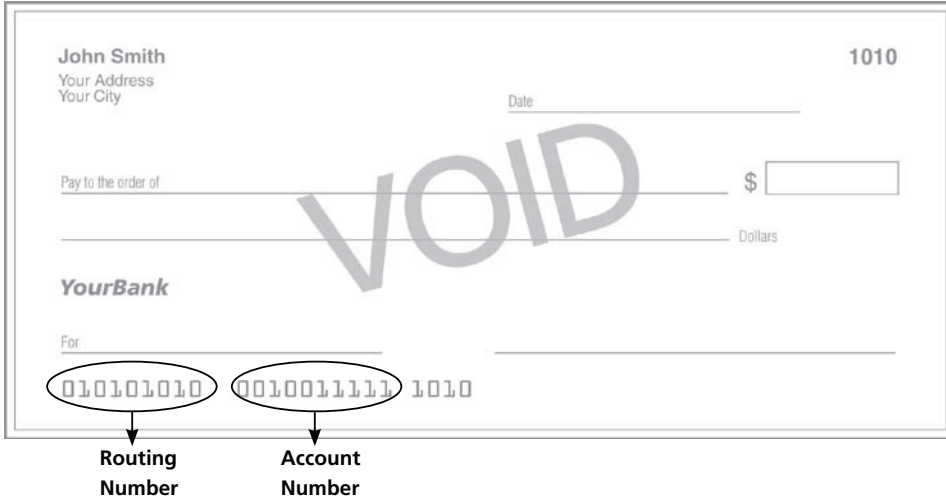
## 5. Method of Payment

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 \$20.00 fee will be assessed.
- Reinvest proceeds into my existing, individual 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 6.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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 6.



- Please add the included bank information to the account listed in Section 1 to be used for future outgoing wires (incoming wires will not be accepted).

## 6. 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 \_\_\_\_\_ Date  
 Signature of Account Owner or Inherited Account Beneficiary

**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 1-800-432-1969 for more information.

**NOTE:** If you elected to have your distribution sent to an alternate payee, alternate address or bank account in Section 5, or your distribution is due to death or 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.

**Medallion Signature Guaranteed by (if applicable):**

### Regular mail:

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

### Express mail:

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



1-800-225-5291  
 1-800-554-6713 TDD  
 1-800-338-8080 EASI-Line  
 www.jhfunds.com

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 529 College Savings Plan