



# Accumulated Retirement Account (ARA) Group Annuity Withdrawal - Eligible for Rollover John Hancock Life Insurance Company of New York

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

- To complete this form, please read the instruction page attached to this form.
- Participant completes page 1 of this form.
- Plan Representative reviews page 1 and completes page 2 of this form.

## Section A - General Information

Contractholder Name (Employer Name) <b>The Trustees of MTA PBA</b>		Contract Number <b>81993</b>
Participant Name (Last Name, First Name, Initial)		Social Security Number
Participant Address (Mandatory for 1099R) - Number, Street, Apt., City, State, Zip Code		Date of Birth Month    Day    Year

## Payment Instructions - Complete either Section B (for Direct Rollover) or Section C and Section D (to Participant Directly).

A total withdrawal will be processed unless a specific amount is entered. \$

## Section B - Payment Instructions for Direct Rollover - Read important information on instruction page.

IRA (described in IRC Section 408)	<input type="checkbox"/> John Hancock Funds IRA	Account No.	and/or	<input type="checkbox"/> John Hancock Funds Roth IRA	Account No.
	<input type="checkbox"/> IRA	Account No.	and/or	<input type="checkbox"/> Roth IRA	Account No.
OR					
<input type="checkbox"/> Qualified Plan					
The Trustees of			Plan		

## Section 1 - Electronic Fund Transfer Information

Direct Deposit

OR

Wire - Verify with the receiving bank if they accept wires and/or charge a fee.

Bank Name	Bank ABA Number
Bank Address - Number, Street, City, State, Zip Code	
Financial Institution, if different from Bank listed above	Bank Account Number

## Section 2 - Check Information - For distribution amounts over \$50,000, use electronic fund transfer.

Name of Institution to appear on check
Street Address - Number, Street, Apt., City, State, Zip Code

## Section C - Payment Instructions to Participant Directly

### Section 1 - Electronic Fund Transfer Information

Direct Deposit to my (select one)  Checking or  Savings Account

OR

Wire - Verify with the receiving bank if they accept wires and/or charge a fee.

Bank Name	Bank ABA Number
Bank Address - Number, Street, City, State, Zip Code	
Bank Account Number	

## Section 2 - Check Information - For distribution amounts over \$50,000, use electronic fund transfer.

Address if different from participant address listed above - Number, Street, Apt., City, State, Zip Code
--

## Section D - State Tax Withholding

State of Residence

1.  Do not withhold

2.  Withhold \$  or  % of federal income tax amount or  % of total taxable amount.

## Section E - Participant Signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number (Social Security Number), and
- I am a U.S. person (including a U.S. resident alien).

Signature of Participant	Name	Date
--------------------------	------	------

