

Introduction


Instructions

Please use this form for John Hancock custodial traditional IRA, Roth IRA, or Coverdell ESA accounts. This form allows you to request an immediate distribution or a future systematic payment. Please print in all capital letters and use black ink.


Special considerations

Don't use this form for SIMPLE IRA or 403(b)(7) distributions. Instead, use the SIMPLE IRA distribution request form or the 403(b)(7) distribution request form. Don't use this form for a transfer of assets to another IRA or Roth IRA; instead, contact the receiving custodian for their transfer form. Please refer to page 5 for additional withholding information.

Contact us

 **Website**
jhinvestments.com

 **Phone**
800-225-5291

 **Return instructions**
See the end of this form for return instructions.

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 name)

Date of birth (MM/DD/YYYY)

Phone number

☐ Home ☐ Mobile

Fund name or number (required)

Account number (required)

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'm the responsible individual or designated beneficiary of the ESA and acknowledge the tax consequences.
- ☐ **Normal:** I've attained or am over the age of 59½.
- ☐ **Premature:** I'm under the age of 59½ and 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 life expectancy) or the joint lives (or joint life expectancy) of myself and my beneficiary. If the payment amount has been determined, complete the "Systematic withdrawal payments" in Part B of Section 4; otherwise, complete the "Life expectancy payments" in Part B of Section 4.
- ☐ **Death:** I'm the beneficiary or inherited owner of this account. A copy of the death certificate and a completed IRA adoption agreement are attached. Also attached, if required, is a tax waiver from the deceased's state of residence. I understand this distribution method will generally involve a change of ownership.
- ☐ **Disability:** I'm unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment, and my condition is expected to result in death or to be of long, continued, and indefinite duration. (A statement on a doctor's letterhead is required.)

* If you're 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. Visit the IRS website at [irs.gov](https://www.irs.gov) for more details.



3. Type of distribution (check one) (Continued)

- ☐ **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've filed an extension with the IRS. Reapply them as a current or prior year contribution.

For SEPs and SARSEPs only: ☐ Employee ☐ Employer

Roth IRA only: ☐ This distribution is being taken within the first five years of establishment.

4. Method of distribution

Please complete Part A or Part B. If you're removing an excess contribution, please skip to Section 5.

I hereby direct the custodian to make the following distribution:

A. Immediate payments

Please select one of the following.

- ☐ **Total distribution and account termination**
- ☐ **Partial distribution:** Amount: \$_____ or number of shares: _____
For Class B and Class C shares subject to a contingent deferred sales charge (CDSC), please select one of the following. If you don't select either option, your distribution will be processed as gross.
- ☐ **Net:** The applicable CDSC is taken from your account balance. Your check will be issued for the amount requested, minus applicable taxes and fees.
- ☐ **Gross:** The applicable CDSC is taken from the requested amount. Your check will be issued for the amount requested, minus the applicable CDSC, taxes, and fees.

B. Future payments:

☐ New payment requests ☐ Update existing payment

Please 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 isn't selected, your payment will be distributed on the 25th of each 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. We'll default to the nonrecalculation 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 isn't selected, your payment will be distributed on the 25th of each 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.
- The beneficiary is my ☐ spouse ☐ nonspouse. The beneficiary's date of birth is _____
(MM/DD/YYYY)

Your prior year-end value is needed to calculate your life expectancy payment. If your IRA assets weren't held with Manulife John Hancock Investments as of December 31 of last year, please provide the year-end value of your assets: \$_____.

5. Withholding election (Form W-4R/OMB No. 1545-0074)

Federal withholding

Don't complete this section for a Coverdell ESA distribution. Skip to Section 6. If this is a removal of an excess contribution, federal income-tax withholding generally applies only to the net income distributed. We won't withhold on the net income distributed unless you request a withholding percentage below.

If your distribution is delivered to a post office box and you don't have a U.S. residential address on file with us, or to an address outside of the United States or one of its territories, and you're a U.S. person (including a U.S. resident alien) with a valid IRS Form W-9 on file, we're required to withhold 10% in federal taxes. This withholding may not be waived. If you aren't a U.S. person, federal income tax will be withheld at a rate of 30% unless a valid IRS Form W-8BEN is on file claiming a reduced tax treaty rate. If taxes are withheld on the distribution, the amount you requested in Section 4 will decrease by the amount withheld.

If you elect to have no federal taxes withheld from your distribution, or if you don't have enough federal income tax withheld from your distribution, you're still liable for the payment of the federal income tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments aren't sufficient.

Your withholding rate is determined by the type of payment you'll receive. **For nonperiodic payments, the default withholding rate is 10%.** You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you can't choose less than 10% for payments to be delivered outside of the United States and its territories. (See the "Withholding instructions" in Appendix A for more information.)

Complete this section if you'd like a rate of withholding that's different from the default withholding rate. See the instructions and the marginal rate tables in Appendix A for additional information. Enter the rate as a whole number (no decimals).

☐ **Withhold** _____% in federal income tax. ☐ **Don't withhold** federal income tax.

State withholding

If you live in one of the mandatory withholding states and request federal taxes to be withheld from your distribution, we'll also withhold your state's minimum required tax. If state tax is withheld from the distribution, the amount you requested in Section 4 will decrease by the amount withheld. State withholding information is obtained from state revenue authorities, and every effort has been made to ensure its accuracy. Because state laws are subject to constant change and interpretation, often without prior notice, this content reflects information available as of the form's revision date only and its timeliness and accuracy can't be guaranteed, and it isn't intended as legal or tax advice.

Residents of Connecticut will automatically have state income taxes withheld regardless of their federal income-tax withholding election. If you'd like to opt out of state withholding, please complete form CT-W4P, *Withholding Certification for Pension or Annuity Payments*, with code E entered on line 1 of the form. You may also request a specific dollar amount of withholding by entering code E on line 1 of the form and a dollar amount on line 2. Attach the completed form CT-W4P to this request. This form can be found on your state's website.

Residents of Iowa will have mandatory state income taxes withheld regardless of federal income-tax withholding unless they qualify for a retirement income exclusion, as defined by the Iowa Department of Revenue. We'll withhold the state's minimum required tax from your distribution unless you certify you're exempt by selecting "Don't withhold Iowa state taxes" below.

☐ Don't withhold Iowa state taxes.

Residents of Michigan will have state income taxes withheld regardless of federal income-tax withholding. We'll withhold the state's minimum required tax from your distribution unless you select "Don't withhold Michigan state taxes" below.

☐ Don't withhold Michigan state taxes.

Residents of Minnesota will have state income taxes withheld regardless of federal income-tax withholding. We'll withhold 6.25% from your distribution unless you request a different percentage or dollar amount or opt out of withholding below.

☐ **Withhold** \$_____ or _____% in Minnesota state taxes. ☐ Don't withhold Minnesota state taxes.

6. Method of payment

Please select one of the following payment options. If no method of payment is selected, the proceeds of your distribution will be sent to your address of record.

☐ Mail the check directly to me at my address of record.

☐ Mail the check directly to me at my residential address using express mail. (A \$20.00 fee will be assessed. This option would deliver the check to you within two business days after the trade date.)

☐ Mail the check to an alternate payee or the alternate address listed below. (Your signature must be Medallion signature guaranteed in Section 7.)

6. Method of payment (continued)

- ☐ Reinvest the proceeds into my existing, individual non-retirement account in the same fund: _____ (please provide your account number).
- ☐ Please use the **existing** bank information, which must be on file for at least 15 days, and make the distribution by:
- ☐ Direct deposit to my existing bank account using the Automated Clearing House (ACH) system. (This option would deliver the funds to your bank within two to three business days of the trade date, free of charge.)
- ☐ Wire to my existing bank account. (This option would deliver the funds to your bank by the end of the business day after the trade date. A \$15.00 fee will be assessed for wires. Your bank may also charge an additional fee.)
- ☐ Please add **new** bank information and make the distribution by:
- ☐ Direct deposit to my new bank account using the Automated Clearing House (ACH) system. (This option would deliver the funds to your bank within two to three business days of the trade date, free of charge.)
- ☐ Wire to my new bank account. (This option would deliver the funds to your bank by the end of the business day after the trade date. A \$15.00 fee will be assessed for wires. Your bank may also charge an additional fee.)

For new bank accounts, please include a preprinted voided check. Please note that this bank information will be added to your account for future transactions unless it belongs to a third party. Redemptions to a new bank account require a Medallion signature guarantee in Section 7.

7. Signature

I, the undersigned, fully understand that I'm 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 understand the redemption cannot be postdated or specify a particular date, price, or other condition. If the redemption request is received in good order, the trade will be executed at the next net asset value (NAV) to be calculated. I acknowledge that neither the custodian, Manulife John Hancock Investments, nor any of their agents has made any representations about the tax consequences of this transaction. I've received and read a copy of the current IRS Form W-4R and its withholding instructions. I certify that this distribution is in accordance with the terms of the custodial agreement.

SIGN
HERE

Signature of the account owner or inherited account beneficiary

Date signed (MM/DD/YYYY)

Important: The signature must correspond exactly and without alteration with the name printed on your account statement. If you're acting in a special capacity, that capacity must be indicated after your signature, and additional documentation may be required. Please call a customer service representative at 800-225-5291 for more information.

Note: If you elected to have your distribution sent to an alternate payee, alternate address, or a third-party 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 Medallion signature guarantee is available from a bank, broker-dealer, credit union (if authorized under your state's law), or a securities exchange. The Medallion signature guarantee stamp provides proof of identity and must be issued by a member of the Medallion Signature Guarantee Program. It must contain the appropriate bar coding and must also contain the letter prefix (A, B, C, D, E, F, X, Y, or Z) that identifies the grantor's maximum surety amount, which must be sufficient to cover the amount of the requested transaction. 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)

Note: The Medallion signature guarantee shouldn't be dated.

8. Mail

✉ Regular mail

John Hancock Signature Services, Inc.
P.O. Box 219909
Kansas City, MO 64121-9909

Express mail

John Hancock Signature Services, Inc.
801 Pennsylvania Avenue
Suite 219909
Kansas City, MO 64105-1307



John Hancock Investment Management Distributors LLC, Member FINRA, SIPC
200 Berkeley Street, MA, 02116, 800-225-5291, jhinvestments.com
NOT FDIC INSURED. MAY LOSE VALUE. NO BANK GUARANTEE. NOT INSURED BY ANY GOVERNMENT AGENCY.

Withholding instructions

Introduction

Instructions

The withholding instructions should be used in conjunction with the marginal rate table to help you select the appropriate withholding rate for this distribution.

Special considerations

The marginal rate table included is for the 2025 tax year. Marginal rates for a different tax year can be found on IRS Form W-4R for that year on irs.gov/forms. Appendix A may be kept for your records. It doesn't need to be returned to John Hancock Signature Services, Inc.

Withholding instructions (Form W-4R/OMB No. 1545-0074)

General instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to irs.gov/FormW4R.

Purpose of the form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, "Withholding Certificate for Periodic Pension or Annuity Payments." For more information on withholding, see Pub. 505, *Tax Withholding and Estimated Tax*.

Caution: If you have too little tax withheld, you'll generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you'll generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate in the "Withholding election" section. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" in the "Withholding election" section. See the specific instructions below for more information. Generally, you're not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide a Social Security number (SSN), or the IRS notifies the payer that you gave an incorrect SSN, the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current "Withholding election" (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Don't use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack aren't taxable, enter "-0-" in the "Withholding election" section. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Withholding instructions (Form W-4R/OMB No. 1545-0074) (continued)

2025 marginal rate tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the instructions for more information on how to use this table.

Single or married filing separately		Married filing jointly or qualifying widow(er)		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
\$15,000	10%	\$30,000	10%	\$22,500	10%
\$26,925	12%	\$53,850	12%	\$39,500	12%
\$63,475	22%	\$126,950	22%	\$87,350	22%
\$118,350	24%	\$236,700	24%	\$125,850	24%
\$212,300	32%	\$424,600	32%	\$219,800	32%
\$265,525	35%	\$531,050	35%	\$273,000	35%
\$641,350*	37%	\$781,600	37%	\$648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

Specific instructions

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate in the “Withholding election” section.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate in the “Withholding election” section (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you’ve already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-.”

Suggestion for determining withholding. Consider using the marginal rate tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income hasn’t been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that’s greater than the rate in the marginal rate tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate. If these two rates are the same, enter that rate in the “Withholding election” section. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in the “Withholding election” section. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income, including the payment, and enter that rate in the “Withholding election” section.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” in the “Withholding election” section.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ: \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that’s in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter “21” in the “Withholding election” section.

Specific instructions (continued)

Privacy Act and Paperwork Reduction Act Notice

The IRS asks for the information on this form to carry out the Internal Revenue laws of the United States. You're required to provide this information only if you want to (a) request additional federal income-tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you're required by Sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. The IRS may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You're not required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income-tax return.

If you have suggestions for making this form simpler, the IRS would be happy to hear from you. See the instructions for your income-tax return.