



LIFE INSURANCE

## Instructions on completing Request for Partial Withdrawal/Partial Surrender/Excess Value

### Mail your request to:

**For Individual Life Products,**  
Customer Service Center R-02  
John Hancock  
1 John Hancock Way Suite 1350  
Boston MA 02217-1099

**For Majestic Series Products,**  
Specialty Products & Distribution C-6  
John Hancock  
PO Box 192  
Boston MA 02117-0192

Please use this information to complete the form correctly and appropriately. This will ensure we receive the form in good order.

The form will be considered 'in good order' when:

- 1) All the required information has been completed.
- 2) The correct and appropriate selections available to your product have been made.
- 3) All the appropriate signatures are given.

### Section A - Owner Information

- 1) Complete Owner's full name, address, policy/group number, and Social Security No./Tax Identification No.
- 2) Provide appropriate telephone numbers and fax number if available, in case we need to contact you.

### Section B - Partial Withdrawal Information

- 1) Indicate the net amount of the partial withdrawal you are requesting in the space provided. This is the actual amount of the check you would like to receive.
- 2) If you have a variable product, you may indicate from which investment account(s) you would like to withdraw, and how much. This option is not available for the following products: FlexV, MVL, VLI, MEVL, MEVL III, MVUL, MVUL98, SVUL, VEP EDGE, VEP PLUS, VEP, VEP99.

### Section C - Excess Value Withdrawal Information - For FlexV policies only

- 1) Indicate the amount of the excess withdrawal you are requesting in the space provided or check the box that indicates maximum withdrawal.

### Section D - Request for Partial Surrender - For Flex V policies only

- 1) Indicate the amount of basic death benefit you are requesting to be reduced in the space provided OR indicate the amount of policy value you are requesting to be surrendered in the space provided.
- 2) When selecting the partial surrender as an option, the outstanding Indebtedness will be deducted from the credit for the partial surrender.

### Section E - Signatures

- 1) Ensure that all appropriate signatures are on the form before submitting to our Head Office. **All owners must sign and date the form.**
- 2) If the policy is Corporate owned, a Corporate Resolution or a Board approved list with signature samples of the signing officers must be provided.
- 3) If the life insured is signing as an officer of the Corporation, please indicate a second officer's signature with title or the Corporate seal.
- 4) If your policy is collaterally assigned the Assignee's signature is required.
- 5) **If the address of record has been changed within the last 30 days, a notarized signature is required.**

### Request for Taxpayer Identification Number and Certification (page 2)

- 1) Complete the Owner(s) name.
- 2) Provide the Owner(s) Social Security No./Tax Identification No. or Employer No.
- 3) Select the Backup Tax Withholding Statement that applies to the Owner.
- 4) The Owner/Taxpayer is required to sign below the CERTIFICATION - UNDER PENALTY OF PERJURY.

### Notice and Election of Tax withholding (page 2)

- 1) Complete this section if your policy has a gain.
  - a) Select Yes or No to indicate whether or not to withhold Federal Income Tax.
  - b) Select Yes or No to indicate whether or not to withhold State Income Tax.

#### Important Information

A partial withdrawal/surrender may decrease your total face amount, and partial surrender charges and/or a withdrawal charge may apply. Please refer to your policy contract and/or prospectus for additional partial withdrawal/surrender guidelines, such as minimum amounts allowed, and impact to your policy's secondary guarantees, if applicable.

**Retain for your records.**



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## Section A - Owner/Life Insured/Annuitant Information

1. a) Name of Owner(s) \_\_\_\_\_ b) Policy/Group Number \_\_\_\_\_  
 c) Insured(s) \_\_\_\_\_  
 d) Address \_\_\_\_\_  Please check for address change

If the address of record has been changed within the last 30 days, a notarized signature is required.

e) Home Phone No. \_\_\_\_\_ f) Fax Number \_\_\_\_\_ d) Social Security No./ Tax Identification No. \_\_\_\_\_

## Section B - Partial Withdrawal/Partial Surrender Amount Information

Partial Withdrawal/ Partial Surrender Amount (Net) \_\_\_\_\_

Withdraw from the following accounts (Not available to ALL products. See Note below.)

Investment Account/Abbreviation	Amount	Investment Account/Abbreviation	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Note: For those products that do not allow a partial withdrawal from a specific account (fixed and investment), each account will be reduced in the same proportion as the policy value is then allocated among them.

## Section C - Excess Value Withdrawal Information - For FlexV policies only

Net Withdrawal Amount \$ \_\_\_\_\_ or  Maximum Withdrawal

## Section D - Request for Partial Surrender - For Flex V policies only

Reduce the basic death benefit to \$ \_\_\_\_\_ I understand that some of the policy value may be surrendered.

OR

Surrender \$ \_\_\_\_\_ of policy value. I understand that the basic death benefit must be reduced.

Note: Outstanding Indebtedness will be deducted from the credit for the partial surrender for either option selected.

## Section E - Signatures

The undersigned(s) certify that I/we request a partial withdrawal/surrender subject to the provisions and conditions of my/our current policy contract and/or prospectus. This request will impact this policy's values, and may impact this policy's secondary guarantees, if applicable, total face amount, and duration in which this policy remains in force. I/We understand the effective date of this request will be the date that all requirements are received in good order by John Hancock.

Signed at State _____	Date _____
_____ Name of Owner(s) (Please print)	_____ Signature of Owner(s) <b>X</b>
_____ Name of Owner(s) (Please print)	_____ Signature of Owner(s) <b>X</b>
_____ Title of Owner (required For Corporate Owned or Trust Owned)	_____ Signature of Assignee <b>X</b>
_____ Title of Owner (required For Corporate Owned or Trust Owned)	_____ Signature of Assignee <b>X</b>



LIFE INSURANCE

# Request for Taxpayer Identification Number and Certification

• To be completed by Owner/Taxpayer

Life Insured(s)/  
Owner(s) Name

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Tax Withholding, individuals and sole proprietors MUST give their Social Security Number. Other entities MUST give their Employer Identification Number.

Social Security No./  
Tax Identification No.

Employer  
Identification No.

If you have no number or you have applied for a number and are waiting for one to be issued, write "APPLIED FOR" in the boxes. You then have 60 days to supply your TIN number to us. After 60 days, John Hancock must begin Backup Tax Withholding.

Under the penalties of perjury, I the Owner, certify that:

1. The number identified above is my correct taxpayer identification number AND

2. Check the applicable box:

- I am not subject to Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Tax Withholding,

OR

- The Internal Revenue Service (IRS) has notified me that I am subject to Backup Tax Withholding,

AND

3. Check the applicable box:

- I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid Backup Tax Withholding.

OR

- I am not a U.S. citizen or other U.S. person. (Submit a valid completed W-8BEN form).

Note: If a valid completed W-8BEN form is not submitted, mandatory withholding of 30% of the taxable portion of the payment will apply.

- I am claiming tax treaty benefits, and have provided the required SSN or ITIN or EIN on line 6 of the valid W-8BEN form; otherwise, I understand mandatory withholding of 30% of the taxable portion will apply.

Signature of Owner/Taxpayer

Date

x

## Notice and Election of Tax Withholding

John Hancock is required by law to withhold Federal Income Tax on the taxable portion of the payment(s) we will be making to you, unless you instruct us otherwise. The election to have no withholding is available only to individuals who are U.S. citizens or residents and have a mailing address in the United States.

If you do not have enough Federal Income Tax withheld from your payments, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

### Withholding Rules

We will withhold 10% of the taxable portion of the payment proceeds from the following: The surrender, partial surrender or maturity of an annuity or life contract, loan on life contract, death claims other than individually purchased life policies.

### Withholding Instructions:

I want Federal Income Tax withheld from the payment(s) under this policy.  Yes  No

I want State Income Tax withheld from the payment(s) under this policy.  Yes  No

If Federal Income Tax withholding is elected, mandatory state withholding rules will apply where applicable.

Signature of Owner/Taxpayer

Date

x