

DISTRIBUTION ELECTION FORM
Local 8A-28A 401(k) Retirement Plan

| PARTICIPANT'S NAME | SOCIAL SECURITY NO. |
|--------------------|---------------------|
| | |

I have read the "Special Tax Notice Regarding Plan Payments," and I hereby make the following request for distribution:

REQUIRED INFORMATION

| STREET ADDRESS | | CITY, STATE, ZIP CODE |
|----------------|--------------------|-----------------------|
| | | |
| DATE OF BIRTH | VESTING PERCENTAGE | DATE OF TERMINATION |
| / / | | / / |

REASON FOR DISTRIBUTION – The Plan allows for distribution under specific circumstances. Indicate the reason for distribution below and attach the required documentation, if applicable.

Elect One:

- A. Termination of Employment**
- B. Retirement**
- C. Disability**

Important note for withdrawals of \$150,000 or more: If your withdrawal is for \$150,000 or more, your completed form must be stamped with a Medallion Signature Guarantee which can be obtained from a financial institution such as a commercial bank, savings bank, credit union, or broker-dealer. A notary is NOT a Medallion Signature Guarantee. You must submit the original form with a medallion signature to your Plan Sponsor for approval. For this purpose, the value of the withdrawal is based on the amount available (for full distributions and rollovers) on the date of processing. Multiple withdrawal requests within a 14-day period totaling \$150,000 or more are also subject to the medallion signature guarantee requirements.

PAYMENT INFORMATION

As a Plan participant, if your vested account exceeds \$0, you have the right under the provisions of the Plan to receive a monthly annuity that is equivalent in value to your vested account. An annuity is a contract between you and an insurance company that provides monthly payments over your life and the life of your surviving spouse, if provided for in the annuity contract. If you elect an annuity option, it is your responsibility to work with the plan administrator to coordinate the purchase of the annuity through an insurance company.

The annuity options below are calculated for illustrative purposes, and are based on your vested account balance. As of the date of the cover letter of this distribution package, your vested account balance is \$0.00.

The annuity options shown below have been calculated to begin immediately. You also have the option to waive this annuity benefit and receive one of the optional forms of benefit described in the Optional Forms section below. In addition, you have the right to defer distribution of your vested account until the date set forth in the Summary Plan Description.



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NOTE: If you are married and your vested account exceeds \$0, you are legally required to receive a joint and survivor annuity, unless you elect an optional form of benefit described below and your spouse consents to such form of benefit by signing the enclosed **SPOUSAL CONSENT FORM**. If your vested account is \$0 or less, the annuity options are not available.

I. SINGLE LIFE/JOINT AND SURVIVOR ANNUITY (Complete if your vested account exceeds \$0. If you waive the annuity option, you must complete the Optional Forms section below.)

Unmarried Participant Only – By choosing an option below, you are certifying that you are NOT legally married.

- Single Life Annuity. I elect to receive an approximate monthly benefit of \$0.00* payable to me for as long as I live.

- I do not want a Single Life Annuity. Pay my entire vested account in accordance with the form of payment elected under the Optional Forms section. I understand the terms of the Single Life Annuity and the financial effect of rejecting it.

Married Participant Only – By choosing an option below, you are certifying that you ARE legally married.

- Joint and 50% Survivor Annuity. I elect to receive a Joint and 50% Survivor Annuity. I understand that I will receive an approximate monthly benefit of \$0.00* payable to me for as long as I live. If my spouse survives me, an approximate monthly benefit of \$0.00* will then be payable for as long as he/she lives.

- Joint and 75% Survivor Annuity. I elect to receive a Joint and 75% Survivor Annuity. I understand that I will receive an approximate monthly benefit of \$0.00* payable to me for as long as I live. If my spouse survives me, an approximate monthly benefit of \$0.00* will then be payable for as long as he/she lives.

*The benefit amounts have been calculated using the date of birth on your account and assuming your spouse has the same date of birth. If you want a revised annuity calculation based on your spouse's actual date of birth, contact John Hancock to request a new **DISTRIBUTION ELECTION FORM**.

- I do not want a Joint and Survivor Annuity. Pay my entire vested account in accordance with the form of payment elected in the Optional Forms section. A properly completed **SPOUSAL CONSENT FORM** is also enclosed.

NOTE: The annuity amounts were calculated based upon your vested account balance stated in this **DISTRIBUTION ELECTION FORM**, the 1994 Group Annuity Reserving Table and the latest available GATT interest rate, your age and the assumed age of your spouse (if applicable). If you elect an annuity option, you should work with the plan administrator to coordinate the purchase of the annuity through an insurance company. Accordingly, it is important to note that the insurance company's rates may produce a higher or lower annuity than is illustrated here.



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II. OPTIONAL FORMS (Complete if your vested account is \$0 or less, or if you have declined the annuity options above.)

NOTE: The following election will apply to the payment of your entire vested account. If you have declined the annuity options above and you are married, your spouse must sign the enclosed **SPOUSAL CONSENT FORM**.

NOTE: You may also receive payment in the form of a term certain annuity. Please contact John Hancock if you want to obtain information about this optional form of payment that may be available to you.

Elect One:

- A. Payment Rolled Over to an IRA or Retirement Plan** - I elect to have my vested account distributed in cash, and payable to an Individual Retirement Account ("IRA") or retirement plan.

- B. Payment with Partial Rollover to an IRA or Retirement Plan** - I elect to have my vested account distributed in cash. I further elect to have _____% **(if you fail to specify a percentage to be rolled over, you will automatically have 100% rolled over)** of my vested account payable to an IRA or retirement plan and have the balance (if any) paid directly to me. I understand that, with respect to the taxable amount paid to me (if any), I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply.

- C. Payment Paid to Me** - I elect to have my vested account distributed in cash and paid to me. I understand that, with respect to the taxable portion of my distribution, I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply.

- D. Installments** - I elect to have my vested account distributed to me in (select one): [] monthly / [] quarterly / [] semi-annual / [] annual installments over (select one): [] my life expectancy / [] my and my beneficiary's joint life expectancy. I understand that I will be subject to the optional federal income tax withholding rules, and I must complete a **TAX WITHHOLDING ELECTION FORM**. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply. If I elected to have the installments paid over my and my beneficiary's joint life expectancy, the calculation will be based on my life expectancy and the life expectancy of a beneficiary who is ten years younger.

- E. Installments** - I elect to have my vested account distributed to me in (select one): [] monthly / [] quarterly / [] semi-annual / [] annual installments over _____ (not less than 5 nor more than 20) years. I understand that the period selected may be reduced to comply with federal tax law. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply. Installments paid over 9 or less years are subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. Installments made over 10 or more years are subject to optional federal income tax withholding rules, and a **TAX WITHHOLDING ELECTION FORM** must be completed.

- F. Installments** - I elect to have my vested account distributed to me in (select one): [] monthly / [] quarterly / [] semi-annual / [] annual installments in the amount of \$_____. I understand that I may be subject to mandatory 20% federal income tax withholding and any state tax withholding, if applicable. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply.



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III. PAYEE INFORMATION FOR IRA OR RETIREMENT PLAN (Complete this section ONLY if you elected an option to roll over all or a portion of your distribution to an IRA or retirement plan.) If you choose to roll over all or a portion of your distribution to an IRA or retirement plan, a check in the designated amount will be mailed to you and it will be your responsibility to deliver it to the financial institution or retirement plan.

Generally, you have the option to roll over your distribution to an IRA, Roth IRA, or retirement plan. Refer to the enclosed *Special Tax Notice* regarding these rollover options and their tax consequences. You may also want to contact a financial advisor. If you want to roll over your distribution to a Roth IRA (Roth conversion), check the Roth IRA box below and fill in the IRA information. If you elect this option, you will be subject to taxes. However, no amount will be withheld from the rollover for payment of these taxes.

Payee Information: My rollover should be made payable to (check one and complete below):

IRA

Roth IRA

Retirement Plan

Name of IRA Financial Institution or Retirement Plan

IV. SIGNATURE

I understand that once payment has commenced, my election made above is irrevocable.

Under penalty of perjury, I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested benefit to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I understand that a fee of \$50.00 will be charged to my account for the processing of this distribution. However, if I elected to receive installment payments, I understand that each installment payment will be subject to a fee of \$2.00. I understand that I have the option to have this distribution directly deposited into my bank account by accessing mylife.jhrps.com to set up my banking information or to confirm existing banking information on file, if applicable. I also understand that any distribution checks will be mailed to the address on my account as of the date the payment is processed. I further understand that the address of record is used for all tax reporting purposes.



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Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup 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 withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

Return this form to: Fund Office, Local 8A-28A 401(k) Retirement Plan, 36-18 33rd Street, 2nd Floor, Long Island City, NY 11106.



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TAX WITHHOLDING ELECTION FORM
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NOTE: Do not complete this form if you elect to have your vested account paid to you in a lump sum, unless it is a required minimum distribution. Refer to your Election Form to determine whether this form is required.

Use this form to elect to have no federal income tax withheld from your distribution (**excluding eligible rollover distributions**) or to have additional amounts of tax withheld from your distribution. Whether or not you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. If you elect to have no amount withheld from your distribution, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient, particularly if you have other sources of income not subject to withholding (such as interest, dividends, taxable Social Security). If federal income tax is withheld from your distribution, state income tax, if applicable, will also be withheld and your distribution will be reduced by such amounts. If your state does not require mandatory state income tax withholding, you may elect to have state income tax withheld and your distribution will be reduced accordingly.

- **Periodic Payments** - If you do not return this form and you elect annuity or installment payments for a period of 10 or more years, federal and any applicable state income tax will be withheld from the taxable portion of your payments as if you were a married individual claiming three withholding allowances.
- **Nonperiodic Payments (for Required Minimum Distributions and IRA Account Holders)** - If you do not return this form and elect a lump sum distribution, 10% federal and any applicable state income tax will be withheld from the taxable portion of your distribution.

Your tax withholding election will remain in effect until you cancel it. You may change or cancel your election at any time by requesting a new form by contacting John Hancock. You may obtain additional instructions and worksheets to assist you in completing this form by requesting the official IRS Form W-4P at 1-800-TAX-FORM or on the Internet at www.irs.ustreas.gov. You may want to seek the advice of a professional tax advisor prior to completing this form.

I. ELECTION FOR WITHHOLDING (Check box A or box B)

- A. I do not elect** to have federal or state income tax withheld from my distribution payments. (Skip Section II and sign Section III.)
- B. I elect** to have federal and/or state income tax withheld from my distribution payments. (Complete Option A or B in Section II and sign Section III.)

II. TAX WITHHOLDING (Complete Option A if you want withholding based on marital status and allowances or Option B if you want withholding based on a flat dollar amount.)

- A. WITHHOLDING BASED ON MARITAL STATUS AND ALLOWANCES** - Withhold federal and applicable state income tax based on my marital status and number of allowances as indicated below. I understand that my marital status and number of allowances will be used to determine the amount of federal and applicable state income tax withheld from my payment and that if the amount of my payment is such that no tax withholding is required based on my election, no withholding will occur unless I indicate an additional dollar amount to be withheld.

Marital Status: Single Married Married, but withhold at higher Single rate

Total number of allowances: _____

Additional amount, if any, to be withheld for federal income tax: \$ _____

Flat dollar amount to be withheld for state income tax: \$ _____



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Note: If your state requires state income tax withholding and you elect federal withholding, the required state amount will be withheld unless you request a dollar amount that is greater than the amount required by law. If your state does not have state income tax, no state tax will be withheld.

B. WITHHOLDING BASED ON A FLAT DOLLAR AMOUNT - Withhold federal and state income tax as indicated below.

Amount to be withheld for federal income tax: \$ _____

Amount to be withheld for state income tax: \$ _____

Note: If your state requires state income tax withholding and you elect federal withholding, the required state amount will be withheld unless you request a dollar amount that is greater than the amount required by law. If your state does not have state income tax, no state tax will be withheld.

III. SIGNATURE

I certify that the information provided on this form is correct.

Your Signature: _____ Date: _____

Return this form to: Fund Office, Local 8A-28A 401(k) Retirement Plan, 36-18 33rd Street, 2nd Floor, Long Island City, NY 11106.



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