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Local 8A-28A 401(k) Retirement Plan  
c/o John Hancock Retirement Plan Services, LLC  
P.O. Box 940  
Norwood, MA 02062-0940



Visit us at [mylife.jhrps.com](http://mylife.jhrps.com) or call us at 1.800.294.3575.

Re: Age 59½ Withdrawal

Enclosed is your age 59½ withdrawal package. It includes an **AGE 59½ WITHDRAWAL FORM, SPOUSAL CONSENT FORM**, and a **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**. Use this package to withdraw available monies from your vested account upon or after reaching age 59½. You may want to seek the advice of a professional tax advisor prior to choosing a withdrawal option. **Please follow the instructions in this package carefully.**

To process your request, follow all steps below:

- Step 1: indicate the amount to be withdrawn in the Amount of Withdrawal Request section
- Step 2: indicate the method of payment in the Withdrawal Election section
- Step 3: provide the IRA payee information in the Payee Information for IRA section if you elected to roll over all or a portion of your withdrawal to an IRA
- Step 4: check your marital status in the Marital Status section
- Step 5: attach a signed and witnessed **SPOUSAL CONSENT FORM** (required if you are married)
- Step 6: sign the **AGE 59½ WITHDRAWAL FORM** where indicated in the Signature section
- Step 7: return all pages of the **AGE 59½ WITHDRAWAL FORM** (even if there is no election made on the page)

Return form to:

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

If your withdrawal request is approved, payment will be sent within 2 business days following receipt of the Plan Administrator approved form(s) by JHRPS. Payment will be sent to the banking account you have provided on [mylife.jhrps.com](http://mylife.jhrps.com). If you have not elected direct deposit, a check will be mailed to your address of record.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and you will be notified and provided with the reason(s) for denial and any corrective actions. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package. Also, please be aware that this form package may only be used once, and copies of this form may not be accepted for future use.

If you have any questions about the above, please log on to [mylife.jhrps.com](http://mylife.jhrps.com) or call 1.800.294.3575. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.



TH39025004

**AGE 59½ WITHDRAWAL FORM**  
**Local 8A-28A 401(k) Retirement Plan**

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

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

**I. AMOUNT OF WITHDRAWAL REQUEST**

**NOTE:** You may obtain the dollar amount of your account available for withdrawal by contacting John Hancock.

**Elect One:**

- A.** \$\_\_\_\_\_ (fill in dollar amount)
- If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
  - Any amount paid to you may be reduced by applicable taxes.
- B.** total value of my account available for withdrawal

**II. WITHDRAWAL ELECTION**

**Elect One:**

- A. Payment Paid to Me** - I elect to have my distribution paid to me. I understand that, with respect to the taxable portion of the amount withdrawn, 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.
- B. Payment Rolled Over to an IRA** - I elect to have my distribution payable to an Individual Retirement Account ("IRA").
- C. Payment With Partial Rollover to an IRA** - I elect to have \$\_\_\_\_\_ of my distribution payable to an IRA with the balance (if any) paid 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 income tax withholding, if applicable. I also understand that if I am under age 59½, an additional 10% penalty tax may also apply.

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

Generally, you have the option to roll over your distribution to an IRA or a Roth IRA. 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.



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**AGE 59½ WITHDRAWAL FORM**  
**Local 8A-28A 401(k) Retirement Plan**

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

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

IRA

Roth IRA

\_\_\_\_\_  
**IRA Custodian (Financial Institution)**

**IV. MARITAL STATUS**

I am legally married     YES     NO

If you checked "Yes," your spouse must complete the attached **SPOUSAL CONSENT FORM**.

**V. SIGNATURE**

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 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 account 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. I understand that this withdrawal may not be repaid to the Plan. I also understand that the payment amount may be less than the specific dollar amount I may have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made.



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**AGE 59½ WITHDRAWAL FORM**  
**Local 8A-28A 401(k) Retirement Plan**

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

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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**SPOUSAL CONSENT FORM**  
**Local 8A-28A 401(k) Retirement Plan**

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

**SPOUSAL CONSENT (To be completed by the spouse of the Participant)**

I understand that my spouse (the Participant named above) has requested a distribution from the Plan in the amount requested on the attached Withdrawal/Distribution Form and that this amount may not be repaid to the Plan.

As the spouse of the Participant, I hereby consent to the distribution. In the event that my spouse (the Participant) dies before I do, I hereby voluntarily and irrevocably agree to waive any and all claim to any Plan benefits otherwise payable to me to the extent of the amount distributed.

\_\_\_\_\_  
Spouse's Name (Print)

\_\_\_\_\_  
Signature of Spouse  
(Must be signed and dated in presence of Notary)

\_\_\_\_\_  
Date

**WITNESSED BY (To be completed by Notary Public or Plan Representative)**

**NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

(SEAL)

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OR**

**PLAN REPRESENTATIVE**

\_\_\_\_\_  
Signature of Plan Representative

\_\_\_\_\_  
Date

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