Manulife | John Hancock
Retirement

Withdrawal – Death

You have a choice to make about the retirement account you inherited

The loss of a loved one can be a stressful time with many decisions to make, including what to do with the retirement account you inherited. We're here to help you understand your options and next steps. Your choices may vary depending on whether you're the surviving spouse.

Our retirement specialists are ready and willing to:

- Explain your options, which may include:
  - Keeping your money in the retirement plan (if applicable)
  - Rolling it over to a John Hancock USA IRA
  - Rolling it over to another IRA
  - Rolling it into your new employer's retirement plan (if applicable)
  - Taking a cash distribution
- Answer your questions about the different choices
- Walk you through the process and review your completed paperwork
- Introduce you to the plan's financial professional, if applicable

Give us a call at 1-888-695-4472 for assistance

We're available Monday through Friday, from 8:30 a.m. to 7:00 p.m., Eastern time.

Clients should carefully consider a fund's investment objectives, risks, charges, and expenses before investing. To request a prospectus or summary prospectus with this and other important information, visit jhinvestments.com. Mutual funds are distributed by John Hancock Investment Management Distributors LLC, member FINRA, SIPC.

There are advantages and disadvantages to all rollover options. You are encouraged to review your options to determine if staying in a retirement plan, rolling over to an IRA, or another option is best for you.

John Hancock USA Personal Financial Services, LLC (JHPFS) is an SEC registered investment adviser. John Hancock USA Personal Financial Services, LLC, 200 Berkeley Street, Boston, MA 02116

NOT FDIC INSURED. MAY LOSE VALUE, NOT BANK GUARANTEED

Manulife | John Hancock
Retirement

Reset Form

Withdrawal – Death

Important Information about this Form

- The Plan may require you to provide supporting documents or additional information before your request can be processed.
- As the beneficiary, you complete Sections 1 – 6 of this form and return it to the Plan Representative.
- In the case where there are multiple beneficiaries, each beneficiary must complete Sections 1 – 6 of this form. All forms must be submitted to John Hancock USA at the same time for processing.
- As the Plan Representative, you review Sections 1 - 6, and complete Sections 7 - 9 of this form.
- A 1099R form will be issued for each distribution and loan default (if applicable) by January 31 of the following year and mailed to the beneficiary address provided in Section 1 (or electronically delivered if previously elected by the participant).
- This request is subject to the processing and procedure guidelines contained in John Hancock USA's Administrative Guidelines for Financial Transactions ("AGFT"). The latest AGFT is available on the John Hancock USA plan sponsor website or you may contact your John Hancock USA representative for a copy.

All changes must be initialed in pen (including items crossed out or changed using correction fluid).

1. General Information

The Trustee of _____ Plan ("the Plan")
Contractholder Name

_____
Contract Number

_____
Participant Name as displayed on the Social Security Card (Last Name, First Name, Initial)

_____
Participant Social Security Number (Full SSN Required)

Date of Birth _____
Month Day Year

_____
Beneficiary Name as displayed on the Social Security Card (Last Name, First Name, Initial) /Estate/Trust/Charity Name

_____
Beneficiary Social Security Number (Full SSN Required) /Estate/Trust/Charity TIN

_____
Beneficiary/Estate/Trust/Charity Address – Street Address,City, State, Zip Code, Country

Date of Birth _____
Month Day Year

2. What is the reason for your withdrawal?

☐ DE - Death – spousal beneficiary ☐ DE - Death – non-spousal beneficiary ☐ DE - Estate/Trust/Charity Payee

3. How much do you want to withdraw?

If no option is selected a TOTAL withdrawal will be processed.
The amount withdrawn is subject to income tax withholding, as applicable.

A - ☐ Withdraw 100% of my vested account value - Complete Section 4.

OR

B - ☐ **Withdraw only a portion of the funds in my plan as follows**
Tell us how much to withdraw from each eligible money type. Completing the Investment Fund Code is optional. If the Investment Fund Code is left blank, John Hancock USA's standard withdrawal order will be used.

Money Type (Mandatory)	Investment Fund Code (Optional)	Amount
		$
		$
		$

For multiple beneficiaries check here ☐ **and complete a form for each beneficiary.**

Indicate percentage of account to be paid to the beneficiary listed above, if there are multiple beneficiaries: _____ **%**

TPA withdrawal fees specified in Section 8 will be charged to each beneficiary of the deceased.This information should be included on each form.

4. What do you want to do with your money?

Complete Section A if you wish to make your distribution payable to only a single destination. For multiple destinations, complete Section B.

A - ☐ **Send my payment to ONE destination only - Select ONE option only.**
- ☐ Direct Rollover to an IRA or Roth IRA - Complete Section 5A or 5B
- ☐ Direct Rollover to Employer Sponsored Qualified Plan - Complete Section 5C
- ☐ Payment Directly to Me - Complete Section 5D

OR

B - ☐ **Send my payments to MULTIPLE destinations** - *If applicable, you may provide separate instructions for the taxable and non-taxable money that make up your requested withdrawal.*
- IRC § 402(c)(2) will apply to any request withdrawing only a portion of the funds in the plan (Section 3B).
- Unless you elect otherwise below, payments directly to you will be deemed to come first from non-taxable amounts (Non-Roth After-Tax contributions, then Roth contributions), followed by taxable amounts in this order: Non-Roth After-Tax earnings, Roth earnings, and Pre-Tax accounts.
- Payments directly to you will be processed first. Any remaining funds will be directly rolled over to the appropriate rollover vehicle indicated below.
- Your withdrawal will be processed in accordance with the time frame described in John Hancock USA's Administrative Guidelines.

Split my payment as follows – Select all applicable options and complete the next section

☐ **Pre-Tax and Non-Roth After-Tax Accounts**

☐ Pay $_____ or _____ % (elect one) directly to me with the remainder, if any, rolled over as indicated below.

☐ Roll over my non-taxable balance to:
☐ Traditional IRA (Section 5A) ☐ Roth IRA (Section 5B) ☐ Employer-sponsored qualified plan (Section 5C)

☐ Roll over my taxable balance to:
☐ Traditional IRA (Section 5A) ☐ Roth IRA (Section 5B) ☐ Employer-sponsored qualified plan (Section 5C)

☐ **Roth Account**

☐ Pay $_____ or _____ % (elect one) directly to me with the remainder, if any, rolled over as indicated below.

Roll over my Roth Account to:
☐ Roth IRA (Section 5B) ☐ A designated Roth Account in an Employer-Sponsored Qualified Plan (Section 5C)

5. Where do you want your money sent?

Select and complete option(s) A, B, C, and/or D (as applicable)

Federal law requires that 20% of the taxable amount of an eligible rollover distribution be withheld, unless payment is directly rolled over to an eligible retirement plan. The amount withheld may not represent your entire tax bill. The rollover will be reported to the IRS and you are responsible for the payment of the income tax(es) that apply in connection with the rollover. Please refer to the *Special Tax Notice* provided by the Plan Administrator regarding these tax rules. Contact your tax advisor or Plan Administrator if you have any questions.

☐ A - Traditional IRA

☐ Direct Rollover to the following John Hancock product. *Your funds will be transferred automatically by wire. You must provide the account number. For more information contact John Hancock USA at 1-888-695-4472.*

Elect one:

☐ John Hancock Investments Rollover IRA (RIRS) Account Number: _____

☐ John Hancock Managed IRA (JHMI) Account Number: _____

☐ John Hancock GIFL Rollover Variable Annuity IRA (GIFL) Account Number: _____

OR

☐ Direct Rollover to another Financial Institution Account Number: _____

_____

Financial Institution Name

_____

Financial Institution Address – Street, City, State, Zip Code, Country

Electronic Fund Transfer Information (REQUIRED)

You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock USA.

Expected Delivery: • Checks: 7-10 business days • Direct Deposit: 2-3 business days • Wires: 1-2 business days

Electronic Fund Transfer Details:

☐ Direct Deposit **OR** ☐ Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide Domestic Bank details:

_____

Bank Name

_____ _____

Bank ABA/Routing (9 digits) Bank Account No.

☐ For international banks, complete and attach the International Banking Instructions form.

☐ B - Roth IRA

☐ Direct Rollover to the following John Hancock product. *Your funds will be transferred automatically by wire. You must provide the account number. For more information contact John Hancock USA at 1-888-695-4472.*

Elect one:

☐ John Hancock Investments Rollover IRA (RIRS) Account Number: _____

☐ John Hancock Managed IRA (JMHI) Account Number: _____

☐ John Hancock GIFL Rollover Variable Annuity IRA (GIFL) Account Number: _____

OR

☐ Direct Rollover to another Financial Institution Account Number: _____

_____

Financial Institution Name

_____

Financial Institution Address – Street, City, State, Zip Code, Country

Electronic Fund Transfer Information (REQUIRED)
You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock USA.

Expected Delivery: • Checks: 7-10 business days • Direct Deposit: 2-3 business days • Wires: 1-2 business days

Electronic Fund Transfer Details

☐ Direct Deposit **OR** ☐ Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide Domestic Bank details:

Bank Name

Bank ABA/Routing (9 digits) Bank Account No.

☐ For international banks, complete and attach the International Banking Instructions form.

☐ C - Employer Sponsored Qualified Plan

The Trustee of Plan Name Plan Account Number

Financial Institution Name

Financial Institution Address – Street, City, State, Zip Code, Country

Electronic Fund Transfer Information (REQUIRED)
You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock USA.

Expected Delivery: • Checks: 7-10 business days • Direct Deposit: 2-3 business days • Wires: 1-2 business days

Electronic Fund Transfer Details

☐ Direct Deposit **OR** ☐ Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide Domestic Bank details:

Bank Name

Bank ABA/Routing (9 digits) Bank Account No.

☐ For international banks, complete and attach the International Banking Instructions form.

☐ D - Payment Directly to Beneficiary/Estate/Trust/Charity – *All applicable taxes will be withheld*

Federal Tax Withholding Instructions

For a Beneficiary Payee
For an eligible rollover distribution, such as a partial or lump sum paid to you, you are subject to mandatory 20% federal income tax withholding. You can choose a rate greater than 20% for federal withholding by completing the attached *Form W-4R Withholding Certificate*. You may not choose a rate less than 20%.

Check the box below if you are neither a U.S. person nor a U.S. resident alien. In such case, 30% federal tax withholding will apply unless (1) your country of residence shown below has a tax treaty with the U.S. that provides an exemption from U.S. tax or a lower rate of withholding and (2) you attach a completed and valid IRS Form W-8BEN.

☐ I am neither a U.S. person nor a U.S. resident alien. Country of residence: _____

For Estate, Trust, or Charity Payee
The withdrawal is taxable and subject to federal income tax withholding of 10% unless it is less than $200 or you choose to have a different federal tax rate applied to your payment by completing the attached *Form W-4R Withholding Certificate*. Even if you elect not to have federal income tax withheld, the Estate/Trust/Charity is liable for payment of federal income tax on the taxable portion of the withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if the payments of estimated tax and withholding, if any, are not adequate.

State Tax Withholding Instructions

Your withdrawal is also subject to any applicable state tax and state tax withholding.

State of Residence ____ Enter state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided on this form.

State of Residence	Options for State Tax Withholding
AR, DC, KS, MA, MD[1], ME, NC, NE, VA, VT	You may not opt out. Since your distribution was subject to federal income tax, these states require mandatory state withholding based on the states' applicable minimum requirements.
CT	Generally, state tax withholding will be applied to your taxable distribution at the rate of 6.99%. However, if you elected a partial withdrawal, a flat dollar amount may be withheld instead, but the amount must be calculated based on a completed CT-W4P form provided to the Plan Administrator. If no amount is indicated, 6.99% will be withheld. ☐ I elected a partial distribution on this form and provided a completed CT-W4P to my Plan Administrator. The calculated amount to be withheld is: $ _____
MI, IA	State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked. ☐ I elect to opt out of withholding. ☐ I am eligible to claim exemption of $ _____; withhold tax only on the taxable, distributed amount that is in excess of the exempt amount. If you check one of the boxes above, you are required to return a completed Form W-4P to your Plan Administrator. Ensure that the election made above is consistent with the election made on your completed Form W-4P.
MN	State tax withholding of 6.25% will be applied to your taxable distribution unless one of the following boxes is checked: ☐ I elect to opt out of state tax withholding. ☐ Withhold _____ % or $ _____
OK	State tax withholding at the minimum rate will be applied to your taxable distribution unless one of the following boxes is checked[1,2] or you have elected to have no federal tax withholding applied to your distribution[2]: ☐ I elect to opt out of state tax withholding. ☐ Withhold _____ % (minimum 4.75%)
CA, OR	☐ I elect to opt out of mandatory state withholding.
AL, CO, DE, GA, ID, IL, IN, KY, LA, MD[2], MO, MT, ND, NJ, NM, OH, SC, UT, WV, WI	You may elect voluntary state income tax withholding by providing a percentage or whole dollar amount to be applied for state tax withholding here. Some states mandate a minimum and/or maximum percentage. _____ % or $ _____

[1] For distributions eligible for rollover
[2] For distributions not eligible for rollover

Electronic Fund Transfer Information (REQUIRED)
You must provide electronic fund transfer information below, unless the financial institution requires a check be issued. Where a check is issued, it will be mailed according to the standard mailing instructions provided by the Plan Trustee on file with John Hancock USA.

Expected Delivery: • Checks: 7-10 business days • Direct Deposit: 2-3 business days • Wires: 1-2 business days

Electronic Fund Transfer Details

☐ Direct Deposit – My personal bank account is: ☐ Checking OR ☐ Savings

OR

☐ Wire – Verify with receiving bank if they accept wires and/or charge a fee

Provide domestic bank details:

Bank Name

Bank ABA/Routing (9 digits) Bank Account No.

☐ For international banks, complete and attach the International Banking Instructions form.

6. Beneficiary/Executor of the Estate/Trust/Charity Signature

If my withdrawal is made from Funds with the Guaranteed Income feature, I acknowledge that I have read and reviewed the Guaranteed Income feature brochure and fully understand the consequences and impact that my withdrawal will have on my Benefit Base and other benefits provided by this feature. I understand that a brief outline of the terms and conditions governing my withdrawal is also contained in the summary entitled "Important Information about the Guaranteed Income Feature" which can be found on the John Hancock USA participant website or obtained from my Plan Administrator.

I understand that John Hancock USA may charge a fee for this withdrawal and that other charges or fees may also apply. I acknowledge that I can refer to my plan's *404a-5 Plan & Investment Notice* available on the participant website at www.johnhancock.com/myplan for further details.

If I am a beneficiary in a contract issued by John Hancock Life Insurance Company of New York, I understand that if 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, shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation. I understand that, if I am a participant under a contract issued by John Hancock Life Insurance Company (U.S.A.), civil penalties may apply.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens).

Under penalties of perjury, I certify that:

1. **The number shown in Section 1 of this form is my correct taxpayer identification number, and**
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.

Under penalties of perjury, I certify the above statements.

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Beneficiary/Executor of the Estate/Trust/Charity Name - please print Date

The following sections are to be completed by the Plan Representative.

7. Withdrawal Details

Has the final contribution been submitted for this participant?
If the final payroll for this participant has not been submitted to John Hancock USA, provide the final payroll ending date. If a date is provided, John Hancock USA will coordinate processing of the distribution with receipt of the final payroll to avoid additional contribution payouts that often remain uncashed. If no date is provided, the distribution will be processed as soon as administratively possible upon receipt of the form in good order.

Date of Death* Month Day Year

*May be required by the plan administrator

John Hancock USA does not require the date of death to process this request.

Is the participant withdrawing In-Plan Roth Rollover (IRR) assets?
For a total withdrawal, we will report the original rollover amount processed as the amount allocable to IRR assets.

For a partial withdrawal, provide the amount allocable to IRR assets $_____

Note: All Roth assets held by the participant need to be taken into consideration when calculating the amount allocable to the IRR. If left blank, we will report the amount requested as being first allocable to the IRR assets.

IRS Distribution Code
If a loan is active at time of distribution, we will apply distribution code 4 to report the loan offset.

A separate 1099R will be issued to the Estate of the participant for the loan offset.

Estate Address – State Address, City, State, Zip Code, Country

Estate TIN

Vesting Percentage(s)

_____% for ALL Employer money types

OR

Vesting varies by money type as indicated below

Money Type	%
ER Match	
Profit Sharing	

Other ER Money	%

Other ER Money	%

Employer Unvested Money
If no box is selected below, direction for forfeitures previously provided to John Hancock USA will be applied to any unvested money in the participant's account. If no direction for forfeitures has been provided and no box is selected below, any unvested money will remain in the participant's account invested according to the current investment instructions.

If you determine the unvested portion of the account is not forfeitable, then you may wish to select leave in participant's account as invested so that the participant continues to have the ability to direct the investment of the full balance of his/her account (including any unvested money).

- ☐ Transfer to Cash Account
- ☐ Refund to Plan Trustee
- ☐ Pay outstanding John Hancock USA charges
- ☐ Leave in Participant account and transfer to default fund
- ☐ Leave in Participant account as invested

8. Third Party Administrator (TPA) Withdrawal Fee

Complete this section to direct John Hancock USA to pay the fee indicated below from the participant's account balance to the Third Party Administrator currently on record for the Contract. **No fee will be applied if this section is not completed.**

The fee will be deducted from the participant's account balance at the time of the distribution using the standard withdrawal protocol and will be held in John Hancock USA's general business account until paid to the TPA.

$_____ OR _____ %

Flat Fee Amount | Percentage of Invested Balance

John Hancock USA is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on the transaction and summary confirmations.

9. Trustee/Authorized Signer Signature

If the beneficiary does not sign the beneficiary Signature section, I, the undersigned, certify, under penalties of perjury that, the beneficiary, as applicable, certified to me that (i) the name shown on this form is the legal name of the beneficiary; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the beneficiary; and, (iii) the beneficiary is a U.S. person (including a U.S. resident alien) unless indicated otherwise above.

I hereby direct and authorize John Hancock USA to implement the instructions provided on this form. I represent that the certifications, directions, acknowledgements, authorizations, and agreements contained in this form are complete and correct and agree that John Hancock USA will rely on them, including to determine the tax withholding and reporting requirements applicable to the requested withdrawal. I represent that the withdrawal(s) requested herein are permitted by law and in accordance with the Plan. If the amount withdrawn is paid directly to the Plan Trustee, I also agree that I am responsible for the proper handling of the funds in accordance with the law. I represent that any Third Party Administrator fee is in accordance with the agreement with the Third Party Administrator and is reasonable and authorized under the terms of the Plan.

I certify that the required beneficiary elections and consents to this withdrawal including, if applicable, spousal consent for married beneficiaries as required by IRC Sec. 417, have been properly obtained. I further certify that all necessary and applicable information required under IRC Sec. 417 and an explanation of the direct rollover option and related tax rules required under IRC Sec. 402 have been provided to the beneficiary. I further certify that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975. I also certify that, if applicable, (i) the beneficiary has waived the 30-day waiting period; and (ii) the *Withholding Certificate for Pension or Annuity Payments* (*Form W-4P*) for the states of Michigan and Iowa have been properly obtained, completed in accordance with Michigan and Iowa law, and that any amount exempt from state tax withholding described above accurately reflects such Withholding Certificate submitted by the beneficiary.

If the beneficiary is under the age of 18, I certify that consent to this request has been obtained from the parent or legal guardian authorized to act on the beneficiary's behalf.

On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless John Hancock USA and its affiliates, and each of their employees, agents, directors, and officers from and against any and all losses, liabilities, penalties, and taxes that it or they may incur as a result of complying with the instructions provided on this form or any of the certifications provided on this form being incorrect.

Signature of Trustee/Authorized Signer | Name - please print | Date

8. Third Party Administrator (TPA) Withdrawal Fee

Complete this section to direct John Hancock USA to pay the fee indicated below from the participant's account balance to the Third Party Administrator currently on record for the Contract. **No fee will be applied if this section is not completed.**

The fee will be deducted from the participant's account balance at the time of the distribution using the standard withdrawal protocol and will be held in John Hancock USA's general business account until paid to the TPA.

$_____ OR _____ %

Flat Fee Amount | Percentage of Invested Balance

John Hancock USA is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on the transaction and summary confirmations.

9. Trustee/Authorized Signer Signature

If the beneficiary does not sign the beneficiary Signature section, I, the undersigned, certify, under penalties of perjury that, the beneficiary, as applicable, certified to me that (i) the name shown on this form is the legal name of the beneficiary; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the beneficiary; and, (iii) the beneficiary is a U.S. person (including a U.S. resident alien) unless indicated otherwise above.

I hereby direct and authorize John Hancock USA to implement the instructions provided on this form. I represent that the certifications, directions, acknowledgements, authorizations, and agreements contained in this form are complete and correct and agree that John Hancock USA will rely on them, including to determine the tax withholding and reporting requirements applicable to the requested withdrawal. I represent that the withdrawal(s) requested herein are permitted by law and in accordance with the Plan. If the amount withdrawn is paid directly to the Plan Trustee, I also agree that I am responsible for the proper handling of the funds in accordance with the law. I represent that any Third Party Administrator fee is in accordance with the agreement with the Third Party Administrator and is reasonable and authorized under the terms of the Plan.

I certify that the required beneficiary elections and consents to this withdrawal including, if applicable, spousal consent for married beneficiaries as required by IRC Sec. 417, have been properly obtained. I further certify that all necessary and applicable information required under IRC Sec. 417 and an explanation of the direct rollover option and related tax rules required under IRC Sec. 402 have been provided to the beneficiary. I further certify that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975. I also certify that, if applicable, (i) the beneficiary has waived the 30-day waiting period; and (ii) the *Withholding Certificate for Pension or Annuity Payments* (*Form W-4P*) for the states of Michigan and Iowa have been properly obtained, completed in accordance with Michigan and Iowa law, and that any amount exempt from state tax withholding described above accurately reflects such Withholding Certificate submitted by the beneficiary.

If the beneficiary is under the age of 18, I certify that consent to this request has been obtained from the parent or legal guardian authorized to act on the beneficiary's behalf.

On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless John Hancock USA and its affiliates, and each of their employees, agents, directors, and officers from and against any and all losses, liabilities, penalties, and taxes that it or they may incur as a result of complying with the instructions provided on this form or any of the certifications provided on this form being incorrect.

Signature of Trustee/Authorized Signer | Name - please print | Date

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

▸ Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2025

1a First name and middle initial	Last name	1b Social security number

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will 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 line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals).	2	%

Sign Here

Your signature (This form is not valid unless you sign it.) Date

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 *www.irs.gov/FormW4R*.

Purpose of 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 page 2 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 will 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 will 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.

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 page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		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%	126,850	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	218,800	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.

General Instructions *(continued)*

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 on line 2. 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-" on line 2. See the specific instructions below for more information. Generally, you are 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 an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then 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.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are not eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not 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 are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have 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 on page 1 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 has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is 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 on line 2. (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 on line 2. (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 on line 2.

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" on line 2.

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 $28,925 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 is 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" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are 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 are 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. We 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 are not required to provide the information requested on a form that is 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, we would be happy to hear from you. See the instructions for your income tax return.