



MUTUAL FUNDS

IRA Restricted Beneficiary Form

Please print in all CAPITAL LETTERS and use black ink.
For all John Hancock forms and applications please visit us at www.jhfunds.com.
Questions? Please call us at 1-800-225-5291.

Instruction

This form designates or amends beneficiary(ies) for all IRA types. Use this form to restrict the payout options for one or more of your designated beneficiaries. This form supersedes all previous designations.

This beneficiary designation will apply to all of your John Hancock mutual funds with the IRA type(s) indicated by you below.

Please note the following:

- You may use this form to restrict the beneficiary on any IRA account (including Traditional, Roth, SIMPLE and SEP/SARSEP).
- Restrictions may only be used when an individual is the designated beneficiary, and may not be used if the beneficiary is a non-individual (i.e., trust).
- List all beneficiaries in Section 3 on this form, including those not being restricted. Indicate your instructions for payout in Section 4.

1. Shareholder Information

| | | |
|--------------|------|-------------|
| Name (First) | (MI) | Name (Last) |
|--------------|------|-------------|

| | |
|-----------------------------------|---------------|
| Social Security Number (required) | Date of Birth |
|-----------------------------------|---------------|

| |
|--------------|
| Phone Number |
|--------------|

2. IRA Type

Traditional IRA
 Roth IRA
 SIMPLE IRA
 SEP/SARSEP

3. Beneficiary Designations

Important Information:

- Use this section to indicate your Primary and Contingent Beneficiary(ies) and whether you wish to restrict payout. If you choose to restrict payout, then you must complete Section 4 for each beneficiary being restricted.
- When assigning percentages to account balances, ensure that all primary beneficiaries equal 100% and all contingent beneficiaries equal 100%. If all stated percentages do not add up to 100%, transfers will be made proportionally based on the percentages stated. John Hancock Signature Services, Inc. (JHSS) reserves the right to round up fractional shares for distribution.
- If you do not designate percentages, the account will be divided equally among all named beneficiaries.
- If you have more than three (3) beneficiaries, please make additional copies of this form.
- Commencement of Lifetime Payout is only available if it begins within a certain time period after the date of death. For an IRA account, lifetime payments must begin by December 31 of the year following the year of death or the entire benefit must be distributed within five years.
- If you impose no restrictions, a beneficiary who is your surviving spouse may roll the IRA (in most circumstances) into his/her own IRA. Please note that any restriction placed on the benefit of your surviving spouse will have an adverse impact on your spouse's ability to treat the account as his/her own.
- Please consult your tax attorney, tax adviser or estate planning professional on the tax and estate planning effects of the use of this form.

Primary Beneficiary #1 Restricted: Yes _____ No _____

Name: _____ SSN/TIN: _____

Percentage of Benefit: _____ % Date of Birth/Trust: _____

Relationship to Owner: _____

Beneficiary #2 Primary _____ Contingent _____ Restricted: Yes _____ No _____

Name: _____ SSN/TIN: _____

Percentage of Benefit: _____ % Date of Birth/Trust: _____

Relationship to Owner: _____

Beneficiary #3 Primary _____ Contingent _____ Restricted: Yes _____ No _____

Name: _____ SSN/TIN: _____

Percentage of Benefit: _____ % Date of Birth/Trust: _____

Relationship to Owner: _____

4. Restricted Beneficiary Payout Options

This section must be completed for each restricted beneficiary. Please copy this form if you have more than one restricted beneficiary. If a payout option is not selected, the default option will be assigned.

Beneficiary's name: _____ SSN/TIN: _____

A) Payout Options

- Required Minimum Distribution (default)
- The greater of _____% of the beneficiary's portion of the death proceeds or the Required Minimum Distribution (not to exceed total account value)

Once lifetime payments begin as indicated above, these payments will be distributed through systematic withdrawals according to the selection made above until the account is fully depleted. However, you may elect to require (below) the removal of the restriction on the remaining account balance, allowing the beneficiary unrestricted access on that portion of the death proceeds.

B) Payment Frequency

Choose the frequency for payments. Payments will generally be made on the 25th of the month. If no frequency is selected, monthly payments will be assigned. The beneficiary has the right to change the frequency upon payout.

- Monthly (default)
- Quarterly (start month will be determined by the beneficiary and will continue quarterly thereafter)
- Annually (start date will be determined by the beneficiary and will continue annually thereafter)

C) Removal of Restriction

Choose one of the options below if you want the restrictions above to be removed after a certain period of time or once the beneficiary reaches a certain age.

- Remove restriction after _____ years following the year of my death; or
- Remove restriction when the beneficiary attains the age of _____; or
- Remove the restriction after _____ years following the year of my death or when the beneficiary attains the age of _____, whichever is earlier.

If a Removal of Restriction option is chosen, the beneficiary is required to notify when the specified time for the restrictions has lapsed and provide sufficient documentation, as requested by JHSS.

5. Signature

The undersigned agrees to indemnify John Hancock Signature Services, Inc. (JHSS) and John Hancock Funds, LLC (Funds) against any loss, claim or expense (including reasonable attorney's fees) to the extent that any transfer effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective, and transfer is subject to the condition that JHSS and Funds will be entitled to attach or debit the account of the IRA beneficiary to the extent necessary to enforce their rights to this indemnity.

I hereby stipulate that any Designated Beneficiary may disclaim his or her right to the account by advising JHSS in writing of the amount so disclaimed. Such disclaimed portion shall pass hereunder as if such individual predeceased me. I acknowledge that IRS regulations require that lifetime payments to beneficiaries must commence within a certain time period following my death or the entire death benefit will be paid within the required five years from my date of death. I further understand that if due proof of death and beneficiary instructions are not submitted to JHSS in sufficient time to begin a lifetime payout, as selected, then the entire death benefit for said beneficiary(ies) must be paid within five years of the date of death. I acknowledge that in order to preserve the integrity of my intent to restrict income payout in the manner specified above, no beneficiary will be permitted to transfer out of John Hancock mutual funds unless specifically

permitted by the terms of this Restricted Beneficiary Designation Form. No beneficiary for whom I have elected an income payout may commute, assign, alienate or encumber any such payments. The terms of this document shall be (i) binding on my respective successors and heirs and (ii) construed and administered according to the laws of the Commonwealth of Massachusetts, without regard to the conflicts of laws provisions thereof.

Signature of owner

_____/_____/_____
Date

6. Contact Information

Regular mail:
Mutual Funds Operations
John Hancock Signature Services, Inc.
P.O. Box 55913
Boston, MA 02205-5913

Express mail:
Mutual Funds Operations
John Hancock Signature Services, Inc.
30 Dan Road
Canton, MA 02021