John Hancock
RETIREMENT PLAN SERVICES

Supplemental Income 401(k) Plan
A PLAN FOR UNION MEMBERS

ROLLOVER CONTRIBUTION FORM

sip.jhrps.com

PARTICIPANT INFORMATION (please print)

Name*: ____________________

Social Security Number*: ____________________

Address*: ____________________

____

Date of Birth*: ____________ Date of Hire: ____________

Telephone Number: ______ - ______________

Email Address: ____________________

Employer: ______ - ______________

Marital Status*: ☐ Single ☐ Married ☐ Divorced

ROLLOVER INFORMATION (check one)

Date of Distribution: ____________________

Amount of Rollover: ____________________

Prior Company Name: ____________________

Prior Retirement Plan Name: ____________________

Prior Plan Contact & Phone: ____________________

☐ **A: PARTICIPANT-TRANSMITTED ROLLOVER**

Attached is my eligible rollover distribution from a qualified retirement plan to roll into the above referenced Plan. I understand the rollover must be made within sixty (60) days of receipt of the distribution and may include only the part of my distribution that is an eligible rollover distribution.

☐ **B: DIRECT ROLLOVER FROM TRUSTEE**

Participant must request transferring party to include Plan name (as above), participant's name and SSN on check or wire information.

☐ **C: DIRECT ROLLOVER FROM IRA CONSISTING SOLELY OF QUALIFIED PLAN DISTRIBUTION**

Participant must request transferring party to include Plan name (as above), participant's name and SSN on check or wire information.

ROLLOVER INVESTMENT SELECTIONS

Invest the rollover contributiona as shown below. *Please use whole numbers, not fractions.*

BlackRock Health Sciences Opportunities Fund (A) – SHSAX	______%	SIP Stable Value Option – SIPSVO	______%
iShares S&P 500 Index Investor Fund (A) – BSPAX	______%	JPMorgan SmartRetirement Income – JSRAX	______%
AllianzGI Technology Fund (A) – RAGTX	______%	JPMorgan SmartRetirement 2020 A – JTTAX	______%
Invesco Small Cap Growth Fund (A) – GTSAX	______%	JPMorgan SmartRetirement 2025 A – JNSAX	______%
Columbia Small Cap Value Fund II (A) – COVAX	______%	JPMorgan SmartRetirement 2030 A – JSMAX	______%
Columbia Mid Cap Index Fund (A) – NTIAX	______%	JPMorgan SmartRetirement 2035 A – SRJAX	______%
American Funds Washington Mutual Investors Fund (R4) – RWMEX	______%	JPMorgan SmartRetirement 2040 A – SMTAX	______%
Invesco Equity & Income Fund (A) – ACEIX	______%	JPMorgan SmartRetirement 2045 A – JSAAX	______%
American Funds EuroPacific Growth Fund (R4) – REREX	______%	JPMorgan SmartRetirement 2050 A – JTSAX	______%
Loomis Sayles Bond Fund (Retail) – LSBRX	______%	JPMorgan SmartRetirement 2055 A – JFFAX	______%
MainStay Total Return Bond Fund (I) – MTMIX	______%	TOTAL	100%

ROLLOVER INVESTMENT SELECTIONS

Attach one of the following to this form:

☐ The distribution statement form from your previous employer's plan

☐ Your 1099-R form

If you are rolling money over from a Conduit IRA, you must also provide your distribution statement or latest statement of participation from the institution that maintained your IRA.

AUTHORIZATION

I certify that this rollover represents all or part of the taxable portion of a qualified total distribution from my previous employer's qualified plan. I received the distribution from the former qualified plan (or Conduit IRA) within the last sixty (60) days. If the rollover is from a Conduit IRA, I rolled it into that IRA within sixty (60) days of receiving the distribution from my former employer's qualified plan. I have placed no additional money into the Conduit IRA other than rollover contributions from qualified plans.

Signature: ____________________ Date: ____________________

PLEASE FAX THIS COMPLETED FORM IN ITS ENTIRETY TO 816.218.0423 OR MAIL TO:

Supplemental Income 401(k) Plan
P.O. Box 8338
Boston, MA 02266-8338

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