Accumulated Retirement Account (ARA) Group Annuity
Plan Information
John Hancock Life Insurance Company of New York

(herein referred to as John Hancock New York or The Company)
To be completed by Third Party Administrators

Important Information about this Form

- Complete this form and return it to John Hancock New York.
- Consult the accompanying Plan Information Form Instruction Guide for more information.

1. General Information

Plan Name

Employer Tax Identification Number   IRS Plan Number   Contract Number

Plan Effective Date: |___|___|___|
Month Day Year

Plan Year End: |___|___|
Month Day

Is there, or has there ever been, a Safe Harbor election in place as per Section 401(k)(12) of the Internal Revenue Code? ❏ Yes ❏ No

Does the plan include a Qualified Automatic Contribution Arrangement (QACA)? ❏ Yes ❏ No

Does the plan allow for forfeiture reallocations? ❏ Yes ❏ No

2. Money Types

Permitted Employee Money Types

Money Type Code	Money Type Description – Employee Only	Permitted by Plan?	Available for Hardship Withdrawals?	Available for Loans?	TPA Source Code	Removed from Plan?
EEDEF	Employee Elective Deferral Contributions	❏ Yes ❏ No	❏	❏	04	❏
EEROT	Roth 401(k) Contributions	❏ Yes ❏ No	❏	❏	12	❏
EEMAN	Employee Mandatory Contributions	❏ Yes ❏ No	❏	❏	01	❏
EEVND	Employee Voluntary Non-Deductible Contributions	❏ Yes ❏ No	❏	❏	02	❏
EEVD	Employee Voluntary Deductible Contributions	❏ Yes ❏ No	❏	❏	52	❏
Other Employee Money Types – please specify						
		❏ Yes ❏ No	❏	❏		❏
		❏ Yes ❏ No	❏	❏		❏
		❏ Yes ❏ No	❏	❏		❏

Plan Name | Contract Number

Rollover Contributions

Are rollover contributions permitted by the plan? ☐Yes ☐ No (If yes, complete the following question and indicate all permitted money types below.)

Must rollovers be delayed until eligibility requirements are met? ☐ Yes ☐ No ☐ Not applicable. Rollovers are not permitted.

Money Type Code	Money Type Description – Employee Only	Permitted by Plan?	Available for Hardship Withdrawals?	Available for Loans?	TPA Source Code	Removed from Plan?
EERC	401(a) Employee Rollover Contributions	☐ Yes ☐ No	☐	☐	06	☐
EEIRA	IRA Rollover Contributions	☐ Yes ☐ No	☐	☐	21	☐
EE457	457(b) Rollover Contributions	☐ Yes ☐ No	☐	☐	22	☐
EE403	403(b) Rollover Contributions	☐ Yes ☐ No	☐	☐	23	☐
EESEP	SEP Rollover Contributions	☐ Yes ☐ No	☐	☐	24	☐
EESIR	Simple IRA Rollover Contributions	☐ Yes ☐ No	☐	☐	25	☐
EERRT	Roth 401(k) Rollover Contributions	☐ Yes ☐ No	☐	☐	29	☐
EEAT1	401(a) After-tax Rollover Contributions	☐ Yes ☐ No	☐	☐	27	☐
EEAT1	403(a) After-tax Rollover Contributions	☐ Yes ☐ No	☐	☐	27	☐
EEAT2	403(b) After-tax Rollover Contributions	☐ Yes ☐ No	☐	☐	28	☐

Permitted Employer Money Types

Money Type Code	Money Type Description – Employer Only	Permitted by Plan?	Available for Hardship Withdrawals?	Available for Loans?	Trustee Directs Investment	TPA Source Code	Removed from Plan?
ERPS	Employer Profit Sharing	☐ Yes ☐ No	☐	☐	☐	00	☐
ERMAT	Employer Matching	☐ Yes ☐ No	☐	☐	☐	55	☐
ERMC3	Employer Matching 3	☐ Yes ☐ No	☐	☐	☐	75	☐
QMAC	Qualified Match Contributions	☐ Yes ☐ No	☐ *	☐	☐	05	☐
SHMAC	Safe Harbor Matching Contributions	☐ Yes ☐ No					☐
QNEC	Qualified Non-Elective Contributions	☐ Yes ☐ No	☐ *	☐	☐	08	☐
SHNEC	Safe Harbor Non-Elective Contributions	☐ Yes ☐ No					☐
S/HGR	Safe Harbor Graded Contributions	☐ Yes ☐ No	☐	☐	☐		☐
SHPS	Safe Harbor Profit Sharing	☐ Yes ☐ No	No	☐	☐		☐
QACM	QACA Matching	☐ Yes ☐ No	☐ *	☐	☐		☐
QACN	QACA Non-Elective	☐ Yes ☐ No	☐ *	☐	☐		☐
ERCON	Employer Contribution	☐ Yes ☐ No	☐	☐	☐	50	☐
ERMP	Employer Money Purchase Contributions	☐ Yes ☐ No	No	☐	☐	51	☐
SHMP	Safe Harbor Money Purchase	☐ Yes ☐ No	No	☐	☐		☐
Other Employer Money Types – please specify							
		☐ Yes ☐ No	☐	☐	☐		☐
		☐ Yes ☐ No	☐	☐	☐		☐
		☐ Yes ☐ No	☐	☐	☐		☐

*Effective for plan years beginning after 2018.

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3. Eligibility

Does the plan have two or more different eligibility rules for any single money type?

☐ Yes – Do not provide eligibility information. Go to Automatic Enrollment.

☐ No – Complete this section.

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Eligibility Requirements – Specify the conditions of eligibility and plan entry frequency for each money type. Complete Section A and Section B. Complete either Section C or Section D for each money type.

Section A	Section B	Section C		Section D			
Money Type Code	**Plan Entry Frequency** (e.g. Monthly)	**Immediate Eligibility**	**OR**	**Minimum Age**	**Eligibility Crediting Method**	**Hours of Service**	**Period of Service** (e.g. 12 months)
		❑			❑ Hours of service ❑ Elapsed time		
		❑			❑ Hours of service ❑ Elapsed time		
		❑			❑ Hours of service ❑ Elapsed time		
		❑			❑ Hours of service ❑ Elapsed time		
		❑			❑ Hours of service ❑ Elapsed time		
		❑			❑ Hours of service ❑ Elapsed time		

The first date for all plan entry frequencies is normally the 1st day of the plan year.

If any other date applies, specify it here: |___|___|___| Month   Day

An eligible employee who has satisfied the eligibility requirements will enter the plan on the plan entry date – Select one:
❑ Coincides with or immediately follows the eligibility date   ❑ Next follows the eligibility date
❑ Nearest to the eligibility date   ❑ Other

The eligibility computation period after the initial eligibility computation period shall – Select one:
❑ Shift to the plan year
❑ Be based on each anniversary of the date the employee first completes an hour of service

Excluded Employees – Specify excluded employees by money type. Check all that apply.

Money Type Code	**Union**	**Non-resident Aliens**	**Highly Compensated**	**Leased**	**Other**
All Money Types	❑	❑	❑	❑	❑
	❑	❑	❑	❑	❑
	❑	❑	❑	❑	❑
	❑	❑	❑	❑	❑
	❑	❑	❑	❑	❑
	❑	❑	❑	❑	❑
	❑	❑	❑	❑	❑

Automatic Enrollment

Does the plan provide for automatic enrollment?   ❑ Yes, as of |___|___|___| Month   Day   Year   ❑ No

Does the Plan allow automatic contribution withdrawals (with an election period of 30 to 90 days)?   ❑ Yes*   ❑ No

If a participant level individual expense applies and the 404a-5 Plan & Investment Notice ("404a-5 Notice") that John Hancock USA makes available is being used to help satisfy the 404a-5 Regulations, contact your Client Account Representative to determine how the expense information can be provided to John Hancock USA for inclusion in the Plan's 404a-5 Notice.

Initial default deferral percentage for automatic enrollment: _____ %

Note: If the plan provides for automatic enrollment, the Plan Entry Frequency for Money Type EEDEF in Section 3 must be completed.

Plan Name	Contract Number

4. Contributions

Employee Contributions

Participants can change their salary deferral elections - Select one:

❑ As of each payroll period (anytime)　　　　❑ On the first day of the plan year or the first day of the 7th month of the plan year

❑ On the first day of each month　　　　　　❑ On the first day of the plan year

❑ On the first day of each plan year quarter　❑ Other: _____

<div align="right">(Indicate month and day for each date permitted.)</div>

Does the Plan allow for catch-up contributions for participants age 50 and older?　　❑ Yes　❑ No

Deferral Limits	Percentage	Annual Dollar Limit
Maximum	❑ 100% - **or** - _____ %	❑ IRS annual maximum – **or** - $ _____ (excluding catch-up)
Minimum	_____ %	

Automatic Contribution Increases

Does the Plan provide for automatic contribution increases?　❑ Yes, as of |__|__|__|__|__|__|
<div style="margin-left:40%">Month　Day　Year</div>

❑ No – Proceed to Employer Contributions

Applies to – Select one:

❑ All participants

❑ Automatically enrolled participants who have not made an election

❑ New participants only　　Effective Date: |__|__|__|__|__|__|
<div style="margin-left:35%">Month　Day　Year</div>

When are annual increases applied?　|__|__|__|__|
<div style="margin-left:35%">Month　Day</div>

Default annual increase: _____ %

Default maximum for automatic increase _____ %

Employer Contributions

List all employer Money Types that share the same contribution formula; then specify the formula.

Contribution Formula 1	❑ Fixed　❑ Discretionary　❑ Prevailing wage contribution (profit-sharing only)		
List Money Type Codes	**Matching Contributions**	OR	**Non-Elective Contributions**
	_____ % of the first ❑ % or ❑ $ _____ of total elective deferrals		_____ % of compensation
	_____ % of the next ❑ % or ❑ $ _____ of total elective deferrals		
	Maximum Match		
	❑ $ or ❑ % _____ of compensation		

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Contribution Formula 2 ☐ Fixed ☐ Discretionary ☐ Prevailing wage contribution (profit-sharing only)

List Money Type Codes	**Matching Contributions**	**OR**	**Non-Elective Contributions**
	____ % of the first ☐ % or ☐ $ _____ of total elective deferrals		_____ % of compensation
	____ % of the next ☐ % or ☐ $ _____ of total elective deferrals		
	Maximum Match		
	☐ $ or ☐ % _____ of compensation		

Contribution Formula 3 ☐ Fixed ☐ Discretionary ☐ Prevailing wage contribution (profit-sharing only)

List Money Type Codes	**Matching Contributions**	**OR**	**Non-Elective Contributions**
	____ % of the first ☐ % or ☐ $ _____ of total elective deferrals		_____ % of compensation
	____ % of the next ☐ % or ☐ $ _____ of total elective deferrals		
	Maximum Match		
	☐ $ or ☐ % _____ of compensation		

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5. Vesting

100% vesting applies to the following withdrawal reasons – Select all that apply:

☐ Retirement ☐ Early Retirement ☐ Death ☐ Permanent Disability

Vesting service crediting method:

☐ Hours of Service – Specify hours per plan year: _____ ☐ Elapsed Time

The vesting computation period shall be – Select one:

☐ The Plan Year ☐ The date an employee first performs an hour of service and each anniversary thereof

Does the plan have two or more vesting schedules for any single money type?

☐ Yes – Proceed to Section 6 - Forfeitures ☐ No – Provide the schedules below

If the plan has other vesting schedule(s) besides the standard schedules below, complete the Custom 1 and, if needed, Custom 2 columns.

Years of Service	Fully Vested	3 Year Cliff	4 Year Graded	5 Year Graded	6 Year Graded	Custom 1	Custom 2
0		0%	0%	0%	0%	%	%
1		0%	25%	20%	0%	%	%
2		0%	50%	40%	20%	%	%
3	100%	100%	75%	60%	40%	%	%
4		100%	100%	80%	60%	%	%
5		100%	100%	100%	80%	%	%
6		100%	100%	100%	100%	%	%

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Indicate which schedule applies for each employer money type.

Employer Money Type	Fully Vested	3 Year Cliff	4 Year Graded	5 Year Graded	6 Year Graded	Custom 1	Custom 2
	❏	❏	❏	❏	❏	❏	❏
	❏	❏	❏	❏	❏	❏	❏
	❏	❏	❏	❏	❏	❏	❏
	❏	❏	❏	❏	❏	❏	❏
	❏	❏	❏	❏	❏	❏	❏
	❏	❏	❏	❏	❏	❏	❏

6. Forfeitures

Indicate the Plan forfeiture options, as well as the option to be used as default at the time of withdrawal.

	Forfeiture Options (Select all that apply)	Default Option (Select one)
Leave in participant's account as invested	❏	❏
Leave in participant's account (and transfer to contract's default investment option)	❏	❏
Transfer to contract's cash account	❏	❏
Refund to Trustee	❏	❏
Use to pay outstanding John Hancock USA contract charges	❏	❏

7. Withdrawals

Does the plan require spousal consent for distributions? ❏ Yes ❏ No

Does the plan allow mandatory distributions (involuntary withdrawals)? ❏ Yes* ❏ No

Does the plan allow in-service withdrawals of employee voluntary contributions (EEVND)? ❏ Yes* ❏ No ❏ N/A

Retirement Provisions

Retirement withdrawals are permitted when the employee reaches the following age: _____

Does the plan allow pre-retirement withdrawals? ❏ Yes* ❏ No

Pre-retirement withdrawals are permitted when the employee reaches the following age: _____

Hardship Withdrawal Provisions – if applicable

Does the plan allow hardship withdrawals? ❏ Yes* ❏ No – Proceed to Forms of Distribution

Hardship withdrawals are based on: ❏ Facts and circumstances ❏ Safe Harbor rules

Does the plan allow earnings from EEDEF hardship withdrawals? ❏ Yes ❏ No (effective for plan years beginning after 2018)

Does the plan impose a 6 month contribution suspension? ❏ Yes ❏ No (effective for plan years beginning after 2018)

Minimum amount for hardship withdrawal: $ _____ Maximum amount for hardship withdrawal: $ _____

Note: Complete the permitted money types for hardships in Section 2.

Forms of Distribution – Check all that apply

❏ Lump Sum ❏ Installments ❏ Annuity ❏ Partial Withdrawal – Minimum (optional) $: _____ ❏ Other

If a participant level individual expense applies and the 404a-5 Plan & Investment Notice ("404a-5 Notice") that John Hancock USA makes available is being used to help satisfy the 404a-5 Regulations, contact your Client Account Representative to determine how the expense information can be provided to John Hancock USA for inclusion in the Plan's 404a-5 Notice.

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8. Loans

Does the plan allow loans? ☐ Yes ☐ No – Proceed to Section 9 Other Plan Information

Maximum amortization period per loan type:

☐ General Purpose: _____ years ☐ Hardship: _____ years ☐ Primary Residence: _____ years

Loan Limits

Minimum loan amount: $ _____

Participants may borrow up to _____ % of their vested balance, up to a maximum of $ _____

Maximum number of outstanding loans allowed per participant: _____ or ☐ unlimited

Loan Interest Rate

☐ Prime or _____ % above prime

Note: Complete the permitted money types for loans in Section 2.

*If a participant level individual expense applies and the 404a-5 Plan & Investment Notice ("404a-5 Notice") that John Hancock USA makes available is being used to help satisfy the 404a-5 Regulations, contact your Client Account Representative to determine how the expense information can be provided to John Hancock USA for inclusion in the Plan's 404a-5 Notice.

9. Other Plan Information

Does the plan provide for permitted disparity? ☐ Yes ☐ No

Complete the following questions only if John Hancock USA is distributing initial QDIA notifications on behalf of the Plan Sponsor.

Does the plan permit investments in individual securities? ☐ Yes ☐ No

Does the plan impose any restrictions, fees or expenses (e.g. surrender charge, exchange fee, or redemption fee) on transferring or withdrawing from the QDIA after the initial 90-day period (as per QDIA regulations S2550.404c-5(c)(5)(iii))? ☐ Yes ☐ No

If Yes, specify the restrictions, fees and/or expenses. This description will appear on initial QDIA notifications.

_____

_____

_____

_____

_____

10. Signature

Authorized Officer of Designated TPA Firm

I, the undersigned, an officer of the TPA Firm named below and duly authorized on behalf of the Firm hereby acknowledge that the information provided on this form is the most up to date information for the plan as of the date this form is signed. Requests that are not consistent with the information provided on this form could be subject to delay, and John Hancock Life Insurance Company (U.S.A.) (John Hancock USA) is not responsible for any losses that may be incurred as a result of such delay.

The undersigned represents that the Firm acts as a third party administrator for the client plan (the "Plan") associated with the Firm's TPA identification number and has proper authorization to provide this information to John Hancock USA. I hereby acknowledge and agree that John Hancock USA does not have any responsibility to verify the correctness or the accuracy of the Plan information provided and may fully rely on such information to perform its services under the group annuity contract. I hereby certify that, to the best of my knowledge, the information provided on this form is accurate and correct, I and agree to provide updated Plan information to John Hancock USA upon any change to the information provided herein.

_____ _____ _____
Signature of Authorized Officer of Designated TPA Firm   Name - please print   Date

_____
Name of Designated TPA Firm

Plan Name   Contract Number

OR

Trustee or Authorized Plan Fiduciary

I hereby acknowledge and agree that John Hancock Life Insurance Company (U.S.A.) (John Hancock USA) does not have any responsibility to verify the correctness or the accuracy of the Plan information provided and may fully rely on such information to perform its services under the group annuity contract. I acknowledge and agree that the provision of plan design information to John Hancock USA does not relieve me of compliance responsibilities with respect to the Plan and that I myself, and not John Hancock USA, am responsible for ensuring the Plan's compliance with all qualification requirements of the Internal Revenue Code and other requirements under applicable law. Requests that are not consistent with the information provided on this form could be subject to delay, and John Hancock USA is not responsible for any losses that may be incurred as a result of such delay.

On behalf of the Plan Sponsor, the Plan, its participants and beneficiaries, I agree to hold harmless and indemnify John Hancock USA, its employees, agents or affiliates for any loss or damages to the Plan, its participants or beneficiaries for relying and acting on the information, updates and instructions that I (or my authorized representatives, including my TPA Firm) provide from time to time, or if any of the information, updates, or instructions so provided is inaccurate, incorrect, or not provided in a timely manner.

Signature of Trustee or Authorized Plan Fiduciary	Name - please print	Date