



Reset Form

Withdrawal – Hardship

Important Information about this Form

- Your plan may require you to provide supporting documents or additional information before your request can be processed.
- As the participant, you complete Sections 1 - 5 of this form and return it to your Plan Representative.
- As the Plan Representative, you review Sections 1 - 5, and complete Sections 6 - 8 of this form.
- If the participant address provided below is new or different than what is currently on record with John Hancock, we will update our records accordingly. Ensure your next census submission includes revised employee information to avoid your file superseding the information supplied on this form.
- A 1099R form will be issued by January 31 of the following year and mailed to the Participant 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’s Administrative Guidelines for Financial Transactions (“AGFT”). The latest AGFT is available on the John Hancock plan sponsor website or you may contact your John Hancock 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 PACIFIC COAST PROPANE **Plan (“the Plan”)** 93776
 Contractholder Name Contract Number

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial) _____ Participant Social Security Number (Full SSN Required) _____

Participant Address – Street Address _____ Date of Birth _____
 Month Day Year

City, State, Zip Code, Country _____ Participant Phone No. _____

2. How much do you want to withdraw?

Tell us how much to withdraw from each eligible money type. The amounts below are subject to income tax withholding, as applicable. Completing the Investment Fund Code is optional. If the Investment Fund Code is left blank, John Hancock’s standard withdrawal order will be used.

Check this box if this request is the result of the following disaster for which relief has been made available by the applicable governmental agency. _____
 (Name of Disaster)

A - Elective Deferrals (excluding Roth) – Select only ONE option.

Withdraw the MAXIMUM amount from my Elective Deferrals (excluding Roth)

OR

Withdraw a PORTION of my Elective Deferrals (excluding Roth)

Total Amount \$ _____

Amount	Investment Fund Code (Optional)
\$ _____	_____
\$ _____	_____
\$ _____	_____

B - All Other Money Types – indicate the total amount to be withdrawn and the amount by money type.

Total Amount \$ _____

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

3. Tax Withholding

Federal Tax Withholding Instructions

Your withdrawal is taxable and subject to federal 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, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimate tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

If you are neither a U.S. person nor a U.S. resident alien, 30% federal tax withholding will apply unless you attach a completed IRS Form W-8BEN

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

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, 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	<p>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.</p> <p><input type="checkbox"/> 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: \$ _____</p>

MI, IA	<p>State tax withholding will be applied to your taxable distribution unless one of the following boxes is checked:</p> <p><input type="checkbox"/> I elect to opt out of withholding.</p> <p><input type="checkbox"/> I am eligible to claim exemption of \$ _____ ; withhold tax only on the taxable, distributed amount that is in excess of the exempt amount.</p> <p>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.</p>
MN	<p>State tax withholding of 6.25% will be applied to your taxable distribution unless one of the following boxes is checked:</p> <p><input type="checkbox"/> I elect to opt out of withholding.</p> <p><input type="checkbox"/> Withhold _____ % or \$ _____</p>
OK	<p>State tax withholding at the minimum rate will be applied to your taxable distribution unless one of the following boxes is checked or you have elected to have no federal tax withholding applied to your distribution:</p> <p><input type="checkbox"/> I elect to opt out of state tax withholding.</p> <p><input type="checkbox"/> Withhold _____ % (minimum 4.75%)</p>
CA, OR	<p><input type="checkbox"/> I elect to opt out of mandatory state tax withholding.</p>
AL, CO, DE, GA, ID, IL, IN, KY, LA, MD, MO, MT, ND, NJ, NM, OH, SC, UT, WV, WI	<p>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.</p> <p>_____ % or \$ _____</p>

4. How would you like the funds to be sent?

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.

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.

5. Participant 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 participant website or obtained from my Plan Administrator.

I understand that John Hancock 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 participant 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.

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.

Under penalties of perjury, I certify the above statements.

Signature of Participant

Name - please print

Date

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

6. Withdrawal Details

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

The applicable IRS distribution code will be based on the type of distribution and/or age of the participant.

If the early distribution exception code applies check here. (Code 2 will be applied)

7. Third Party Administrator (TPA) Withdrawal Fee

Complete this section to direct John Hancock 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's general business account until paid to the TPA.

\$ 150.00 OR _____ %
Flat Fee Amount Percentage of
Invested Balance

John Hancock 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.

8. Trustee/Authorized Signer Signature

If the participant does not sign the Signature section, I, the undersigned, certify, under penalties of perjury that, based on the plan sponsor's records, (i) the name shown on this form is the legal name of the participant; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the participant; and, (iii) the participant is a U.S. person (including a U.S. resident alien) unless indicated otherwise above.

I hereby direct and authorize John Hancock 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 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 participant elections and consents to this withdrawal including, if applicable, spousal consent for married participants 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 participant. 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 participant 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 participant.

If the participant 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 participant's behalf.

On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless John Hancock 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.

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Signature of Trustee/Authorized Signer

Name - please print

Date

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	%
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Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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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	
<i>Total income over –</i>	Tax rate for every dollar more	<i>Total income over –</i>	Tax rate for every dollar more	<i>Total income over –</i>	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%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	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 \$26,925 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.