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Inlandboatmen's Union of the Pacific National 401(k)  
Plan  
c/o John Hancock Retirement Plan Services, LLC  
P.O. Box 940  
Norwood, MA 02062-0940



Visit us at [myplan.johnhancock.com](http://myplan.johnhancock.com) or  
call us at 1.833.388.6466.

November 9, 2021

John Sample  
123 Main Street  
AnyTown, CA 93612

Re: Rollover Into Plan

Enclosed is your rollover package. It includes a **ROLLOVER INTO PLAN FORM**. Use this package to transfer monies into the Plan from either a rollover IRA or a retirement plan. For this purpose, a retirement plan is a qualified 401(a)/401(k) plan or 403(b) plan or governmental 457 plan ("Retirement Plan"). Please log on to [myplan.johnhancock.com](http://myplan.johnhancock.com) to obtain a copy of the Plan's Summary Plan Description, Summary of Material Modification(s) (if applicable), and additional prospectuses. **Please follow the instructions in this package carefully.**

To process your request, follow all steps below:

- Step 1: check the type of distribution being rolled over in the Rollover Election section
- Step 2: attach an institutional check made payable in the required format (as described in the Amount of Rollover Contribution section)
- Step 3: sign the **ROLLOVER INTO PLAN FORM** where indicated in the Signature section
- Step 4: return all pages of the **ROLLOVER INTO PLAN FORM** (even if there is no election made on the page)

Return forms to:

Inlandboatmen's Union of the Pacific National 401(k) Plan, PMB #116, 5331 S Macadam Avenue, Ste 258, Portland, OR 97239.

**IMPORTANT:**

- All rollover checks **must** be institutional checks (i.e., bank check, cashier's check, money order or check issued by a financial institution); no personal checks will be accepted.
- **The check must be made payable to JHTC. To ensure proper credit to your account, you must include your name and last four digits of your Social Security number on the face of the check.**
- Checks that are not made payable in the required format will be returned to you and your rollover request will be denied.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and returned to you to fill out properly. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package.

If you have any questions about the above, please log on to [myplan.johnhancock.com](http://myplan.johnhancock.com) or call 1.833.388.6466. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.



TH44025001



**ROLLOVER INTO PLAN FORM**  
**Inlandboatmen's Union of the Pacific National**  
**401(k) Plan**

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PARTICIPANT'S NAME		SOCIAL SECURITY NO.	DATE OF BIRTH	
John Sample				
STREET ADDRESS	CITY	STATE	ZIP CODE	
123 Main Street	AnyTown	CA	93612	

**I. ROLLOVER ELECTION**

I understand that the Plan permits me to roll over amounts from an eligible retirement plan provided certain conditions are met. In requesting to make a rollover to the Plan, I hereby certify that I am entitled to the distribution from the eligible retirement plan as an employee or surviving spouse beneficiary, the distribution is not one of a series of periodic payments received from the eligible retirement plan, and the entire amount being rolled over would be includible in my income if it were not rolled over. The requested rollover is from the following:

**Check the appropriate box:**

- Retirement Plan** - All or a portion of an "eligible rollover distribution" from a retirement plan (that is a 401(a)/401(k) plan or 403(b) plan or governmental 457 plan) ("Retirement Plan"), excluding, however, the portion consisting of any after-tax contributions and Roth contributions either transferred directly or rolled over within 60 days of my receipt.
- Rollover IRA** - All or a portion of a distribution to me from a rollover Individual Retirement Account ("IRA"). It consists solely of amounts distributed from a Retirement Plan either transferred directly or deposited to the IRA within 60 days of my receipt of the original distribution. **(NOTE: A rollover from a rollover IRA to the Plan can be made only if you never made any other contributions to the IRA.)**

**II. AMOUNT OF ROLLOVER CONTRIBUTION**

Total Amount of Rollover Contribution: \$ \_\_\_\_\_

A bank check, cashier's check, money order or check issued by a financial institution for the rollover is attached and made payable to "JHTC." **The check must also include your name and last four digits of your Social Security number.**

**NOTE:** Checks that are not made payable in the required format will be returned to you and your rollover request will be denied. Please do not sign the check.

**III. INVESTMENT ELECTION**

I hereby authorize the Custodian to invest my rollover contribution in accordance with my future contribution investment election that was in effect on the date that I requested this form.



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**401(k) Plan**

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John Sample				
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123 Main Street	AnyTown	CA	93612	

I understand that if I do not have an investment election on file, my rollover amount will be invested in the default fund based upon my year of birth in accordance with the following chart:

If Your Year of Birth Is:	Then Your Default Investment Option Is:
1947 or earlier	T. Rowe Price Retirement 2010 Fund
1948 to 1952	T. Rowe Price Retirement 2015 Fund
1953 to 1957	T. Rowe Price Retirement 2020 Fund
1958 to 1962	T. Rowe Price Retirement 2025 Fund
1963 to 1967	T. Rowe Price Retirement 2030 Fund
1968 to 1972	T. Rowe Price Retirement 2035 Fund
1973 to 1977	T. Rowe Price Retirement 2040 Fund
1978 to 1982	T. Rowe Price Retirement 2045 Fund
1983 to 1987	T. Rowe Price Retirement 2050 Fund
1988 or later	T. Rowe Price Retirement 2055 Fund

I understand that after this form has been processed, my rollover contribution will be part of my existing account balance and subject to future investment election changes made to my existing account balance.

**NOTE:** You may change the investment of your existing account balance by contacting John Hancock.

**IV. SIGNATURE (IMPORTANT- READ THIS SECTION BEFORE SIGNING THE FORM.)**

**ROLLOVER FROM RETIREMENT PLAN** - In the event the rollover is from a Retirement Plan, I certify that the rollover is an eligible rollover distribution received from a Retirement Plan.

**ROLLOVER FROM AN IRA** - In the event the rollover is from an IRA, I certify that the rollover is from a rollover IRA and is an eligible rollover distribution.

I understand that a false statement by me may result in legal damages for which I will be fully responsible.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_



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John Sample				
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123 Main Street	AnyTown	CA	93612	

**TO BE COMPLETED BY PLAN ADMINISTRATOR**

The rollover request for the above Participant is:       APPROVED       NOT APPROVED

If approved, the undersigned hereby certifies that based on the information provided, the amount in question represents a valid rollover contribution, and is hereby accepted by the above-referenced Plan.

Plan Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Plan Administrator: \_\_\_\_\_

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