

PAYER'S Name, Street Address, City, State, and ZIP code
 JOHN HANCOCK LIFE INS. CO. (U.S.A.)
 1-800-689-7937 MYPLAN.JOHNHANCOCK.COM
 PO BOX 600
 BUFFALO NY 14201-0600

1913

RECIPIENT'S Name and Address

0014146 01 AB 0 491 **AUTO T8 0 0506 95336 703228 -C03-P14160-1

SIVAJI RAJA MUGGARI
 GRP012975200
 2028 HYDE PARK PLACE
 MANTECA, CA 95336-7032

Customer service phone number (800) 689-7937	10 Amount allocable to IRR within 5 years \$	11 1st year of desig Roth contrib	12 FATCA filing requirement <input type="checkbox"/>
PAYER'S TIN 01-0233346	RECIPIENT'S TIN XXX-XX-8429	Account Number (see instructions) GRP012975200	13 Date of payment

FORM 1099-R (keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

1 Gross distribution \$ 7846.91	2a Taxable amount \$ 0.00	OMB No 1545-0119 2022 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the IRS	
2b Taxable amount not determined	Total distribution	X	
3 Capital gain (included in Box 2a) \$	4 Federal income tax withheld \$		
5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) G	IRA/SEP/SIMPLE	8 Other \$	%
9a Your percentage of total distribution %	9b Total employee contributions \$		
14 State tax withheld \$	15 State/Payer's state no CA-40196545	16 State distribution \$	
17 Local tax withheld \$	18 Name of locality	19 Local distribution \$	

COPY C
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COPY 2
File this copy with your state, city, or local income tax return, when required.

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FORM 1099-R

0506-03-00-0014146-0001-0014274

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COPY B
Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.