

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>WESTRUX INTERNATIONAL 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
	1c Effective date of plan <u>01/15/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WESTRUX INTERNATIONAL, INC.</u> <u>15555 VALLEY VIEW AVENUE</u> <u>SANTA FE SPRINGS, CA 90670</u>	2b Employer Identification Number (EIN) <u>95-3740989</u>
	2c Sponsor's telephone number <u>562-404-7227</u>
	2d Business code (see instructions) <u>441228</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN
	4d PN
5a Total number of participants at the beginning of the plan year	5a <u>200</u>
b Total number of participants at the end of the plan year.....	5b <u>204</u>
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1) <u>99</u>
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2) <u>96</u>
d(1) Total number of active participants at the beginning of the plan year.....	5d(1) <u>162</u>
d(2) Total number of active participants at the end of the plan year.....	5d(2) <u>165</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e <u>7</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2024</u>	<u>DONALD KENNEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities		
a	Total plan assets.....	7a 7000896	7525524
b	Total plan liabilities.....	7b 0	0
c	Net plan assets (subtract line 7b from line 7a).....	7c 7000896	7525524
8		(a) Amount	(b) Total
8	Income, Expenses, and Transfers for this Plan Year		
a	Contributions received or receivable from:		
	(1) Employers.....	8a(1) 39466	
	(2) Participants.....	8a(2) 378137	
	(3) Others (including rollovers).....	8a(3) 31278	
b	Other income (loss).....	8b 1078246	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c	1527127
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d 941522	
e	Certain deemed and/or corrective distributions (see instructions) .	8e 6291	
f	Administrative service providers (salaries, fees, commissions).....	8f 54686	
g	Other expenses.....	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	1002499
i	Net income (loss) (subtract line 8h from line 8c).....	8i	524628
j	Transfers to (from) the plan (see instructions).....	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b	X	
c	Was the plan covered by a fidelity bond?.....	10c	X	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e	X	4916
f	Has the plan failed to provide any benefit when due under the plan?.....	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h	X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i		

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023


- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here..... ▶
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan WESTRUX INTERNATIONAL 401(K) PLAN	1b Three-digit plan number (PN) ▶	003
	1c Effective date of plan	01/15/1998
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WESTRUX INTERNATIONAL, INC. 15555 Valley View Avenue Santa Fe Springs CA 90670	2b Employer Identification Number (EIN)	95-3740989
	2c Sponsor's telephone number	562-404-7227
	2d Business code (see instructions)	441228
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5a Total number of participants at the beginning of the plan year.....	5a	200
b Total number of participants at the end of the plan year	5b	204
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	99
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	96
d(1) Total number of active participants at the beginning of the plan year	5d(1)	162
d(2) Total number of active participants at the end of the plan year.....	5d(2)	165
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	7

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date <u>10/11/23</u>	Donald Kenney
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			(a) Beginning of Year	(b) End of Year
7	Plan Assets and Liabilities			
a	Total plan assets.....	7a	7,000,896	7,525,524
b	Total plan liabilities.....	7b	0	0
c	Net plan assets (subtract line 7b from line 7a).....	7c	7,000,896	7,525,524
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:			
	(1) Employers.....	8a(1)	39,466	
	(2) Participants.....	8a(2)	378,137	
	(3) Others (including rollovers).....	8a(3)	31,278	
b	Other income (loss).....	8b	1,078,246	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		1,527,127
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	941,522	
e	Certain deemed and/or corrective distributions (see instructions).....	8e	6,291	
f	Administrative service providers (salaries, fees, commissions).....	8f	54,686	
g	Other expenses.....	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		1,002,499
i	Net income (loss) (subtract line 8h from line 8c).....	8i		524,628
j	Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program).....		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....		X	
c	Was the plan covered by a fidelity bond?.....	X		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	X		4,916
f	Has the plan failed to provide any benefit when due under the plan?.....		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- Design-based safe harbor method
- "Prior year" ADP test
- "Current year" ADP test
- N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814a.

Application for Extension of Time To File Certain Employee Plan Returns

Go to www.irs.gov/Form5558 for the latest information.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) WESTRUX INTERNATIONAL, INC. Number, street, and room or suite no. (If a P.O. box, see instructions.) 15555 VALLEY VIEW AVENUE City or town, state, and ZIP code SANTA FE SPRINGS, CA 90670	B Employer identification number (EIN) 95-3740989
C Name of plan WESTRUX INTERNATIONAL 401(K) PLAN	D Three-digit plan number (PN) 003
E Plan year end date 12/31/2023	

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, item C, above.
- 2 I request an extension of time until 10 / 15 / 2024 to file Form 5500 series. See instructions.
- 3 I request an extension of time until 10 / 15 / 2024 to file Form 8955-SSA. See instructions.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Return of Excise Taxes Related to Employee Benefit Plans

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

OMB No. 1545-0575

Go to www.irs.gov/Form5330 for instructions and the latest information.

Filer tax year beginning 01/01/2023 and ending 12/31/2023

A Name of filer (see instructions) Westrux International, Inc. Number, street, and room or suite no. (If a P.O. box or foreign address, see instructions.) 15555 Valley View Avenue City or town, state or province, country, and ZIP or foreign postal code Santa Fe Springs, CA 90670	B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.) Employer identification number (EIN) 95-3740989 Social security number (SSN)
C Name of plan Westrux International 401(K) Plan	E Plan sponsor's EIN 95-3740989
D Name and address of plan sponsor Westrux International, Inc. 15555 Valley View Avenue, Santa Fe Springs, CA 90670	F Plan year ending (MM/DD/YYYY) 12/31/2023
H If this is an amended return, check here <input type="checkbox"/>	G Plan number 003

Part I Taxes. You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY	
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	181	1
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	184	2
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4
5a Section 4978 tax on ESOP dispositions	209	5a
b The tax on line 5a is a result of the application of: <input type="checkbox"/> Sec. 664(g) <input type="checkbox"/> Sec. 1042		5b
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6
7 Total Section A taxes. Add lines 1 through 6. Enter here and on Part II, line 17		7

Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year		
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	183	8a
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	10d

Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees		
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11
12 Total Section B taxes. Add lines 8a through 10d or 11. Enter here and on Part II, line 17		12

Section C. Tax that is reported by the last day of the 15th month after the end of the plan year		
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13 1296.00

Name of filer: **Westrux International, Inc.**

Filer's identifying number: **95-3740989**

Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred

14 Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3).
Enter here and on Part II, line 17 204 **14**

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15 Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17 228 **15**

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

16 Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17 237 **16**

Part II Tax Due

17 Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable) **17** 1296.00

18 Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return **18** 0.00

19 Tax due. Subtract line 18 from line 17. If the result is greater than zero, enter here **19** 1296.00

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

<i>[Signature]</i>	Telephone number	Date	
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
Firm's name	Firm's EIN		PTIN
Firm's address	Phone no.		

Name of filer: **Westrux International, Inc.**

Filer's identifying number: **95-3740989**

Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))		1
2	Amount allowable as a deduction under section 404		2
3	Subtract line 2 from line 1		3
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4	
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5	
6	Subtract line 5 from line 4	6	
7	Amount of line 6 carried forward and deductible in this tax year	7	
8	Subtract line 7 from line 6		8
9	Tentative taxable excess contributions. Add lines 3 and 8		9
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax		10
11	Taxable excess contributions. Subtract line 10 from line 9		11
12	Multiply line 11 by 10%. Enter here and on Part I, line 1		12

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers. See instructions	1
2	Amount excludable from gross income under section 403(b). See instructions	2
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-	3
4	Prior year excess contributions not previously eliminated. If zero, go to line 8	4
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-	5
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions	6
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4	7
8	Taxable excess contributions. Add lines 3 and 7	8
9	Multiply line 8 by 6%	9
10	Enter the value of your account as of the last day of the year	10
11	Multiply line 10 by 6%	11
12	Excess contributions tax. Enter the lesser of line 9 or line 11 here and on Part I, line 2	12

Name of filer: **Westrux International, Inc.**

Filer's identifying number: **95-3740989**

Schedule C. Tax on Prohibited Transactions (Section 4975) (see instructions) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1 Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):

- a** discrete **b** other than discrete (a lease or a loan)

2 Complete the table below to disclose the prohibited transactions and figure the initial tax. See instructions.

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a **3**

4 Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement. See instructions **Yes** **No**

Name of filer: Westrux International, Inc.

Filer's identifying number: 95-3740989

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 4 columns: Line number, Description, and two empty columns for values. Rows include Section 4971(g)(3) tax on failure to meet requirements and Section 4971(g)(4) tax on failure to adopt rehabilitation plan.

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

Table with 4 columns: Line number, Description, and two empty columns for values. Rows include questions about election to be taxed under section 4977 and calculation of excess fringe benefits.

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

Table with 3 columns: Line number, Description, and Value. Row 1: Enter the amount of an excess contribution... Value: 12962.00. Row 2: Multiply line 1 by 10%... Value: 1296.00.

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

Table with 4 columns: Line number, Description, and two empty columns for values. Rows include Date reversion occurred, Employer reversion amount, and Excise tax rate.

Schedule J. Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the tax month following the month in which the failure occurred

Table with 6 columns: Line number, Description, and two empty columns for values. Rows include number of individuals not provided notice, effective date of amendment, noncompliance period, total number of failures, and brief description of failure.

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

Table with 3 columns: Line number, Description, and Value. Row 1: Enter the number of prohibited tax shelter transactions... Row 2: Multiply line 1 by \$20,000.

Schedule L. Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

Table with 3 columns: Line number, Description, and Value. Row 1: Enter the number of days during the tax year... Row 2: Multiply line 1 by \$100.



Reset Form

Withdrawal – Excess Withdrawal Request for Multiple Participants

Important Information about this Form

- Use this form when requesting excess withdrawals for multiples participants. On this multiple request form, certain defaults apply – for the full range of options use the *Withdrawal – Excess Withdrawal Request* form. When entering money types, use the customized short names found on the Plan Sponsor website.
- John Hancock’s standard withdrawal order will be used for the investment funds.
- You must provide specific direction for the handling of each excess money type. John Hancock cannot determine if the direction given complies with tax law and the terms of your Plan. It is your responsibility to ensure such compliance.
- For excess deferral and excess annual addition withdrawals, only employee money types can be refunded to the plan participant.
- For excess contribution withdrawals, excess employee money types can be refunded to the plan participant. Subject to certain exception, excess employer money types are typically forfeited.
- The check will be issued to the participant address on record with John Hancock. To avoid processing delays, ensure that your census file includes up-to-date address information.
- Employer forfeitures will be deposited into the Contract’s Cash Account.
- We will contact you or your Third Party Administrator on record for any missing information.
- 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.
- If there is an excessive number of transaction requests with respect to your plan and John Hancock is unable to complete the requests that are “in good order” on or prior to the next market day after receipt, we will notify you or your designated contact as soon as administratively practicable to advise of the anticipated timeline for processing all the transactions.

All changes must be initialed in pen (including items crossed out or changed using correction fluid).

1. General Information

The Trustee of	Westrux International	Plan (“the Plan”)	86904
Contractholder Name			Contract Number

2. Excess Contribution Withdrawal – Refund due to failure to pass the ADP/ACP test

The following instructions apply to all participants listed below.

Does this plan include an Eligible Automatic Contribution Arrangement (EACA)? Yes No
 ("No" will be assumed if option not selected.)

10% federal tax withholding will be applied unless this box is checked: Do not withhold federal or state tax.

Participant A: Kenney, Donald P.

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

5 6 8 4 3 6 0 6 7
 Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
EEDEF	\$ 2,562.09	\$ 294.62
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant B: Kenney, Severiano M

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

6 1 2 4 2 8 8 8 3
 Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
EEDEF	\$ 5,562.08	\$ 1,226.95
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant C: Ziegler, Samuel C

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

5 6 1 9 3 6 5 3 6
 Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
EEDEF	\$ 4,562.09	\$ 473.01
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

See attached paper spreadsheet – must also be signed by a Trustee/Authorized Signer.

3. Excess Deferral Withdrawal – Refund due to excess over the annual deferral limit

The following instructions will apply to all the participants listed below.

Year of excess: 2023

No tax withholding will be applied unless this box is checked: Withhold 10% federal and applicable state tax

Participant A:

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

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant B:

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

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant C:

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

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

See attached paper spreadsheet – must also be signed by a Trustee/Authorized Signer.

4. Excess Annual Addition Withdrawal – Refund due to excess over the IRC Section 415 limit

The following instructions will apply to all the participants listed below.

10% federal tax withholding will be applied unless this box is checked: Do not withhold federal or state tax.

Participant A:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount	Earnings Amount If no earnings, indicate \$0
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant B:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount	Earnings Amount If no earnings, indicate \$0
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant C:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount	Earnings Amount If no earnings, indicate \$0
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount
	\$
	\$
	\$

See attached paper spreadsheet – must also be signed by a Trustee/Authorized Signer.

5. 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 amount will be applied to each withdrawal and 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.

\$ _____ 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.

6. Trustee/Authorized Signer Signature

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 participants; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the participants; and, (iii) the participants is a U.S. person (including a U.S. resident alien) (including a U.S. resident alien) unless indicated otherwise above.

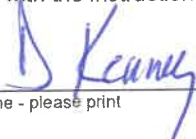
I hereby direct and authorize John Hancock to implement the instructions provided on this form. I represent that the certifications, directions, acknowledgements, authorizations and agreements contained in this form are complete and correct and agree that John Hancock will rely on them, including to 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 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.

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.



Signature of Trustee/Authorized Signer



Name - please print



Date



Reset Form

Withdrawal – Excess Withdrawal Request for Multiple Participants

Important Information about this Form

- Use this form when requesting excess withdrawals for multiples participants. On this multiple request form, certain defaults apply – for the full range of options use the *Withdrawal – Excess Withdrawal Request* form. When entering money types, use the customized short names found on the Plan Sponsor website.
- John Hancock’s standard withdrawal order will be used for the investment funds.
- You must provide specific direction for the handling of each excess money type. John Hancock cannot determine if the direction given complies with tax law and the terms of your Plan. It is your responsibility to ensure such compliance.
- For excess deferral and excess annual addition withdrawals, only employee money types can be refunded to the plan participant.
- For excess contribution withdrawals, excess employee money types can be refunded to the plan participant. Subject to certain exception, excess employer money types are typically forfeited.
- The check will be issued to the participant address on record with John Hancock. To avoid processing delays, ensure that your census file includes up-to-date address information.
- Employer forfeitures will be deposited into the Contract’s Cash Account.
- We will contact you or your Third Party Administrator on record for any missing information.
- 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.
- If there is an excessive number of transaction requests with respect to your plan and John Hancock is unable to complete the requests that are “in good order” on or prior to the next market day after receipt, we will notify you or your designated contact as soon as administratively practicable to advise of the anticipated timeline for processing all the transactions.

All changes must be initialed in pen (including items crossed out or changed using correction fluid).

1. General Information

The Trustee of	Westrux International	Plan (“the Plan”)	86904
<small>Contractholder Name</small>			<small>Contract Number</small>

2. Excess Contribution Withdrawal – Refund due to failure to pass the ADP/ACP test

The following instructions apply to all participants listed below.

Does this plan include an Eligible Automatic Contribution Arrangement (EACA)? Yes No
 ("No" will be assumed if option not selected.)

10% federal tax withholding will be applied unless this box is checked: Do not withhold federal or state tax.

Participant A: Samarin, Adam A.

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

6 1 3 4 4 9 9 8 4
 Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
EEDEF	\$ 275.43	\$ 49.07
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant B:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant C:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

See attached paper spreadsheet – must also be signed by a Trustee/Authorized Signer.

3. Excess Deferral Withdrawal – Refund due to excess over the annual deferral limit

The following instructions will apply to all the participants listed below.

Year of excess: 2023

No tax withholding will be applied unless this box is checked: Withhold 10% federal and applicable state tax

Participant A:

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

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant B:

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

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant C:

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

Pay directly to the Participant		
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount	Earnings Amount <small>If no earnings, indicate \$0</small>
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type <small>Use customized short names found on the plan sponsor website</small>	Excess Contribution/Deferral Amount
	\$
	\$
	\$

See attached paper spreadsheet – must also be signed by a Trustee/Authorized Signer.

4. Excess Annual Addition Withdrawal – Refund due to excess over the IRC Section 415 limit

The following instructions will apply to all the participants listed below.

10% federal tax withholding will be applied unless this box is checked: Do not withhold federal or state tax.

Participant A:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount	Earnings Amount If no earnings, indicate \$0
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant B:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount	Earnings Amount If no earnings, indicate \$0
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount
	\$
	\$
	\$

Participant C:

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

Pay directly to the Participant		
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount	Earnings Amount If no earnings, indicate \$0
	\$	\$
	\$	\$
	\$	\$

Forfeit to the Contract's Cash Account	
Money Type Use customized short names found on the plan sponsor website	Excess Contribution/Deferral Amount
	\$
	\$
	\$

See attached paper spreadsheet – must also be signed by a Trustee/Authorized Signer.

5. 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 amount will be applied to each withdrawal and 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.

\$ _____ 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.

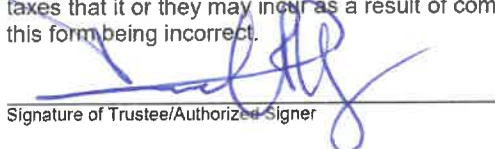
6. Trustee/Authorized Signer Signature

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 participants; (ii) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the participants; and, (iii) the participants is a U.S. person (including a U.S. resident alien) (including a U.S. resident alien) unless indicated otherwise above.

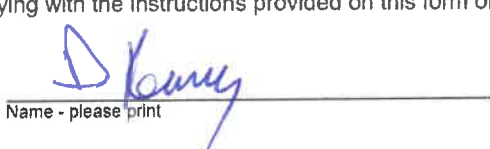
I hereby direct and authorize John Hancock to implement the instructions provided on this form. I represent that the certifications, directions, acknowledgements, authorizations and agreements contained in this form are complete and correct and agree that John Hancock will rely on them, including to 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 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.

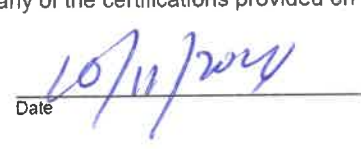
On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless John Hancock and its affiliates, and each of their employees, agents, directors, and officers from and against any and all losses, liabilities, penalties, and taxes that it or they may incur as a result of complying with the instructions provided on this form or any of the certifications provided on this form being incorrect.



Signature of Trustee/Authorized Signer



Name - please print



Date