



Account maintenance request

John Hancock Safe Access Accounts

Important information

Use this form to request an address change, name change, or to update the beneficiary(ies) on your John Hancock Safe Access Account.

Address change

Complete sections 1, 2, and 5.

Legal name change

Complete sections 1, 3, and 5.


Beneficiary designation updates


Complete sections 1, 4, and 5.


All owners must sign. All trustees must sign if the account is owned by a trust.

- **Power of attorney:** If this form is signed by an attorney-in-fact or agent appointed in a power of attorney, a complete copy of the power of attorney must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the power of attorney is still valid before processing this request.
- **Guardians and conservators:** If this form is signed by a guardian or conservator, a complete copy of their court appointment must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect before processing this request.

Contact us

 **Website**
[johnhancock.com/
safe-access-account.html](http://johnhancock.com/safe-access-account.html)

 **Phone:** 800-248-6110
Fax: 617-572-5007
TTY: 800-555-1158

 **Return instructions**
 See the end of this document for return instructions.

1. Account information

All accounts to which these instructions apply (provide one account per line)

Account number _____ Account number _____ Account number _____

Note: If you need to list more than 3 accounts, please do not enter more than one account per line. Instead, submit an additional form for the remaining account(s).

Primary account holder information

Name (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____

Address (Street) _____

City _____ State or country (if outside the U.S.) _____ Zip code _____

Phone number _____ Mobile number _____ Email address _____
See text message consent below.

Text message consent

John Hancock offers a text message program that sends proactive notifications regarding the status of your request to the mobile phone number provided. By providing your mobile number above, you expressly consent to receive SMS messages (including text messages) from John Hancock, which may be delivered using an automated texting program. Additionally, you agree that you are the owner and authorized user of the mobile phone number provided on this form and agree to notify John Hancock immediately if you change or obtain a new phone number, or no longer maintain the phone number provided. Please view our privacy policy at johnhancock.com/privacy. There is no separate charge for this service; however, your carrier's message and data rates may apply.

Check this box if you provided your mobile number but wish to withdraw your consent to receive these SMS messages.



Account number(s): _____

1. Account information (continued)

Joint account holder information (if applicable)

Name (First) MI Last

Social Security number (or TIN) Date of birth (MM/DD/YYYY)

Phone number Email address

Address (Street)

City State or country (if outside the U.S.) Zip code

2. Address change

Select only one:

- Primary account holder
- Joint account holder
- Primary account holder and joint account holder

Please change the address on the above account(s) to the following:

New address (Street)

City State or country (if outside the U.S.) Zip code

3. Name change

Select only one:

- Primary account holder
- Joint account holder

Change is due to: (select only one)

- Marital status has changed from single to married (attach copy of marriage license)
- Marital status has changed due to a divorce (attach copy of divorce decree)
- Incorrect spelling
- Other _____ (attach copy of any court order)

SIGN HERE _____
Signature of prior name Today's date (MM/DD/YYYY)

Print name (First) MI Last

SIGN HERE _____
Signature of new name Today's date (MM/DD/YYYY)

Print name (First) MI Last



Account number(s): _____

4. Beneficiary designation

Please list your primary and/or contingent beneficiary(ies) below.

Percentages for all beneficiaries named in each category (primary and contingent) **must total one-hundred percent (100%)**. Designations given in dollar amounts, fractions, or with more than two decimal places (e.g., 33.333%) will not be accepted. If percentages are not provided, beneficiaries in the same category will share equally in any death benefit payable to them. If the beneficiaries are unable to share equally (e.g., 1/3), we will designate the extra rounded percentile to the first listed beneficiary in each class (e.g., 33.34%, 33.33%, 33.33%).

Note: Your beneficiary designation is not effective until received and recorded by John Hancock. When received and recorded, it becomes retroactive to the date the designation was signed. This designation shall be invalid if the person making it does not have the right to change the beneficiary under this account.

Primary beneficiary(ies)

1. _____ MI _____ Last _____
Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State or country (if outside the U.S.) _____ Zip code _____

2. _____ MI _____ Last _____
Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State or country (if outside the U.S.) _____ Zip code _____

3. _____ MI _____ Last _____
Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State or country (if outside the U.S.) _____ Zip code _____

4. _____ MI _____ Last _____
Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State or country (if outside the U.S.) _____ Zip code _____



Account number(s): _____

4. Beneficiary designations (continued)

5. _____
Primary beneficiary's name (First) MI Last

_____ %
Social Security number (or TIN) Date of birth (MM/DD/YYYY) Percentage of proceeds

_____ %
Phone number Email address Relationship to owner

Address (Street)

_____ %
City State or country (if outside the U.S.) Zip code

Contingent beneficiary(ies)

1. _____
Contingent beneficiary's name (First) MI Last

_____ %
Social Security number (or TIN) Date of birth (MM/DD/YYYY) Percentage of proceeds

_____ %
Phone number Email address Relationship to owner

Address (Street)

_____ %
City State or country (if outside the U.S.) Zip code

2. _____
Contingent beneficiary's name (First) MI Last

_____ %
Social Security number (or TIN) Date of birth (MM/DD/YYYY) Percentage of proceeds

_____ %
Phone number Email address Relationship to owner

Address (Street)

_____ %
City State or country (if outside the U.S.) Zip code

3. _____
Contingent beneficiary's name (First) MI Last

_____ %
Social Security number (or TIN) Date of birth (MM/DD/YYYY) Percentage of proceeds

_____ %
Phone number Email address Relationship to owner

Address (Street)

_____ %
City State or country (if outside the U.S.) Zip code

Note: If you need additional space to identify beneficiaries, please attach a signed and dated letter.



Account number(s): _____

5. Signatures and authorizations

By signing below, I/we request John Hancock make the above changes to the specified account, and I/we agree to submit additional information upon request if such information, in the discretion of John Hancock, is necessary to implement the changes on this form. I/We also understand that the instructions on this form are subject to the terms and conditions of the account.

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
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 have 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.



If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (POA), Guardian), please indicate your title by checking the appropriate box below your signature.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

SIGN HERE

Signature of account holder Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable):

Trustee Power of Attorney Guardian Other _____

SIGN HERE

Signature of joint account holder (if applicable) Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable):

Trustee Power of Attorney Guardian Other _____

Return instructions

Please submit your completed and signed form via one of the following:

Regular mail John Hancock Safe Access Accounts
PO Box 55979, Boston, MA 02205-5979

Fax 617-572-5007

Overnight mail John Hancock Safe Access Accounts
410 University Avenue, Suite 55979, Westwood, MA 02090-5979

