



Special Authorization Form

Information Control Center
John Hancock Place, PO Box 772
Boston, MA 02117-0772
For Questions and Service, 1-800-732-5543
For Hearing and Impaired (TDD), 1-800-832-5282

Use this form to initiate authorizations on your Life Insurance Policy or Annuity Contract to Elect authorization for telephone transactions and Provide authorization to release information to a third party.

A Policy Information *Please print.*

Policy/Contract/Group No. _____ Variable Estate Protection Please check for address change
 Life Policy Annuity

Insured/Annuitant _____ Additional Insured/Annuitant if applicable _____
 Owner _____ Additional Owner if applicable _____

Owner(s) Social Security # or Tax Payer ID (Include Dashes) _____ Daytime Telephone Number (____) _____-____

Owner Address _____
 City _____ State _____ Zip Code _____ (for agency use only)
 Agency Code _____

B Service Request *Please print.*

Please review the reverse side for an explanation of the following authorizations, and then make your selection(s).

Telephone Transaction Authority **Please check this box if you do NOT wish to authorize loans by phone.**
 Please note the name. If left blank, each owner will be given this authority.

Name _____	Social Security Number _____
(2) Name _____	Social Security Number _____

Release of Information Authority for a Third Party (Designation is not required for agents of this company)

Third Party Name _____ and Social Security # or Tax Payer ID _____	Third Party Name _____ and Social Security # or Tax Payer ID _____
Organization, if applicable _____	Organization, if applicable _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

C Signature(s) **Important** Please be sure to sign this form to avoid delays in processing your request.*

Owner(s) Signature and Date _____

If this policy is collaterally assigned to a bank or other lending institution, the Assignee must also _____ Assignee's Signature _____ Date _____

If this policy has an Irrevocable Beneficiary, he/she must also sign if Telephone Transaction with Loan authority is selected: _____ Irrevocable Beneficiary _____ Date _____

All owners must sign; or all persons required to exercise ownership rights if the owner is a Trust or business.



This authorization will continue in force unless and until the earlier of (a) written cancellation received by John Hancock at its Home Office or (b) John Hancock discontinues this service.

1. Telephone Transaction Authority

By checking this box, as the Owner(s) of this Life Insurance Policy (**except Universal Life**) or Annuity Contract, you are hereby authorizing John Hancock Life Insurance Company and Affiliated Companies (hereinafter "John Hancock") to act upon telephone instructions from the person(s) listed for the following transactions:

- (1) Reallocate your current value held in any one or more portfolios; or
- (2) Change the allocation of future premium payments to the portfolios; or
- (3) Change the allocation of your portfolios elections as they are applied under the Dollar Cost Averaging option (if available on your policy or contract).

For Variable Life Insurance (VLI), Flexible Variable Life (FlexV), Medallion Variable Life (MVL), or Universal Life (UL) policies, the following transactions may be performed via telephone instructions.

- (4) If the owner has Telephone Transaction Authority, he/she may request policy loans.

You may decline this authority by checking the specified box.

In order to confirm that the instructions received by telephone are genuine, John Hancock may employ security procedures such as: requiring the disclosure of a social security number, date of birth, or tape recording of the call; as well as providing the Owner with a confirmation of the transaction. John Hancock is not liable for any loss, expense, or cost resulting from any unauthorized or fraudulent telephone instructions.

This authorization is limited by the conditions and procedures for telephone account transfers, investment option changes, and policy loans set forth in the contract.

2. Release of Information Authority for a Third Party

By checking this box, as the Owner(s) of this Life Insurance Policy or Annuity Contract, you are hereby authorizing John Hancock to release all policy and contract information to the individual(s) listed under *Third Party Information* on the front of this form. This authority does not grant Telephone Transaction Authority to the Third Party.

This authorization is not required for agents of this company.

You will indemnify and hold John Hancock and its directors, officers, and employees harmless from any and all liabilities and costs, including attorney fees, which may be incurred by relying upon the authorization selected.

A duplicate of this form will be considered as effective as the original.