



LIFE INSURANCE

# Request for Address Change

**Mail your request to:**  
Customer Service Center R-02  
John Hancock  
1 John Hancock Way Suite 1350  
Boston MA 02217-1099

**Address change requests can ONLY be made by the Owner.**

**Section A - Owner/Life Insured Information**

- 1. a) Name of Owner(s) \_\_\_\_\_
- b) Policy/Group Number(s)  
List **all** policies on which this address is to be changed \_\_\_\_\_
- c) Insured(s) \_\_\_\_\_

**Section B - Address Information**

- 2. a) Old Address  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
- b) New Address  Domestic Address  Foreign Address  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
- c) Daytime Phone No. \_\_\_\_\_
- d) Fax Number \_\_\_\_\_
- e) Email Address \_\_\_\_\_

**Section C - Signatures**

I/We hereby certify that I/we, as Owner(s) of the above referenced policy/policies, request an address change as set forth herein. I/We am/are aware that John Hancock may require a notarized signature on disbursement requests received following this address change, which protects me/us against fraudulent disbursements. I/We understand that if a policy has multiple Owners only one address of record will be maintained on the policy.

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|---|--|
| Signed at State _____<br><br>Signature of Owner(s)<br><b>x</b> _____<br><br>Name of Owner(s) (Please print)<br>_____<br><br>Title of Owner (required For Corporate Owned or Trust Owned)<br>_____ | Date _____<br><br>Signature of Owner(s)<br><b>x</b> _____<br><br>Name of Owner(s) (Please print)<br>_____<br><br>Title of Owner (required For Corporate Owned or Trust Owned)<br>_____ |
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