



# Account Maintenance Request

For John Hancock Safe Access Accounts

## Instructions

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 to change the mailing address of the Account Holder(s).

**Legal Name Change:** Complete Sections 1, 3, and 5 to change the legal name of an Account Holder (divorce, marriage, etc.).

**Beneficiary Designation:** Complete Sections 1, 4, and 5 to update the beneficiary(ies) on your John Hancock Safe Access Account.

## 1. Safe Access Account Information

### Primary Account Holder Information

Account Number Phone Number Email Address

Name (First) (MI) (Last)

Address (Street) City State Zip Code

### Joint Account Holder Information (if applicable)

Name (First) (MI) (Last)

Address (Street) City State Zip Code

## 2. Change of Address

### Please select one:

☐ Primary Account Holder ☐ Joint Account Holder ☐ Both

Please change the address on the above account to the following:

Address (Street) City State Zip Code

## 3. Legal Name Change

### Please select one:

☐ Primary Account Holder ☐ Joint Account Holder ☐ Both

### Change is due to (check 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)

### Change from:

Please Print Prior Name Prior Signature Date (MM/DD/YYYY)

### Change to:

Please Print New Name New Signature Date (MM/DD/YYYY)

## 4. Beneficiary Designations

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.

I elect the following beneficiary(ies) with respect to the proceeds in my John Hancock Safe Access Account, still reserving the privilege of changing this election by written notice. All prior beneficiary designations, if any, are hereby revoked. Percentages for all beneficiaries named in each category (Primary and Contingent) must equal 100%. If no percentage is listed the settlement will be made in equal shares to each designated beneficiary that survives me. A primary beneficiary is the person entitled to the proceeds upon the death of the Account Holder(s). A contingent beneficiary is not entitled to the death proceeds unless all primary beneficiaries are deceased before the Account Holder(s). If no designated beneficiary survives me, payment will be made to my estate.

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

**Primary Beneficiary(ies). Percentage of proceeds below must equal 100%.**

|   |                            |                       |          |
|---|----------------------------|-----------------------|----------|
| 1. _____  |                            |                       |          |
| Primary Beneficiary Name (First)  | (MI)                       | (Last)                |          |
| _____   | _____                      | _____                 | _____    |
| Social Security Number (or TIN)   | Date of Birth (MM/DD/YYYY) | Relationship to Payee |          |
| _____   | _____                      | _____                 | _____    |
| Address (Street)  | City                       | State                 | Zip Code |
| _____   | _____                      | _____                 | _____    |
| Percentage allocated (must total to 100% for all listed in this Primary Beneficiary category) |                            | Phone Number          |          |
| _____   |                            | _____                 |          |
| 2. _____  |                            |                       |          |
| Primary Beneficiary Name (First)  | (MI)                       | (Last)                |          |
| _____   | _____                      | _____                 | _____    |
| Social Security Number (or TIN)   | Date of Birth (MM/DD/YYYY) | Relationship to Payee |          |
| _____   | _____                      | _____                 | _____    |
| Address (Street)  | City                       | State                 | Zip Code |
| _____   | _____                      | _____                 | _____    |
| Percentage allocated (must total to 100% for all listed in this Primary Beneficiary category) |                            | Phone Number          |          |
| _____   |                            | _____                 |          |
| 3. _____  |                            |                       |          |
| Primary Beneficiary Name (First)  | (MI)                       | (Last)                |          |
| _____   | _____                      | _____                 | _____    |
| Social Security Number (or TIN)   | Date of Birth (MM/DD/YYYY) | Relationship to Payee |          |
| _____   | _____                      | _____                 | _____    |
| Address (Street)  | City                       | State                 | Zip Code |
| _____   | _____                      | _____                 | _____    |
| Percentage allocated (must total to 100% for all listed in this Primary Beneficiary category) |                            | Phone Number          |          |
| _____   |                            | _____                 |          |
| 4. _____  |                            |                       |          |
| Primary Beneficiary Name (First)  | (MI)                       | (Last)                |          |
| _____   | _____                      | _____                 | _____    |
| Social Security Number (or TIN)   | Date of Birth (MM/DD/YYYY) | Relationship to Payee |          |
| _____   | _____                      | _____                 | _____    |
| Address (Street)  | City                       | State                 | Zip Code |
| _____   | _____                      | _____                 | _____    |
| Percentage allocated (must total to 100% for all listed in this Primary Beneficiary category) |                            | Phone Number          |          |
| _____   |                            | _____                 |          |

#### 4. Beneficiary Designations (continued)

**Contingent Beneficiary(ies). Percentage of proceeds below must equal 100%.**

|  |                            |              |                       |
|--|----------------------------|--------------|-----------------------|
| 1. _____   |                            |              |                       |
| Contingent Beneficiary Name (First)  | (MI)                       | (Last)       |                       |
| _____  |                            |              |                       |
| Social Security Number (or TIN)  | Date of Birth (MM/DD/YYYY) |              | Relationship to Payee |
| _____  |                            |              |                       |
| Address (Street)   | City                       | State        | Zip Code              |
| _____  |                            |              |                       |
| Percentage allocated (must total to 100% for all listed in this Contingent Beneficiary category) |                            | Phone Number |                       |
| _____  |                            |              |                       |
| 2. _____   |                            |              |                       |
| Contingent Beneficiary Name (First)  | (MI)                       | (Last)       |                       |
| _____  |                            |              |                       |
| Social Security Number (or TIN)  | Date of Birth (MM/DD/YYYY) |              | Relationship to Payee |
| _____  |                            |              |                       |
| Address (Street)   | City                       | State        | Zip Code              |
| _____  |                            |              |                       |
| Percentage allocated (must total to 100% for all listed in this Contingent Beneficiary category) |                            | Phone Number |                       |
| _____  |                            |              |                       |


#### 5. Signatures and Authorizations


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.

|                      |                             |                      |   |
|----------------------|-----------------------------|----------------------|---|
| <b>SIGN<br/>HERE</b> | _____                       | <b>SIGN<br/>HERE</b> | _____   |
|                      | Signature of Account Holder |                      | Signature of Joint Account Holder (if applicable) |
|                      | _____                       |                      | _____   |
|                      | Today's Date (MM/DD/YYYY)   |                      | Today's Date (MM/DD/YYYY)                         |
|                      | _____                       |                      | _____   |
|                      | Title                       |                      | Title   |


**If you are signing on behalf of another individual or entity, please indicate your title (e.g., Conservator, Trustee, Executor, Guardian, Attorney-in-Fact/POA, Corporate Officer). If there is more than one Trustee, all must sign.**


#### Contact Information

 **Mailing Address:**  
PO Box 55979  
Boston, MA 02205-5979

 **Overnight Deliveries:**  
30 Dan Road, Suite 55979  
Canton, MA 02021-2809

 **To fax this form:**  
1-617-572-5007

 **Safe Access Service Center:**  
1-800-248-6110

 **Safe Access Account Website:**  
[www.johnhancock.com/saa](http://www.johnhancock.com/saa)