John Hancock.

Joint Account Holder Change For John Hancock Safe Access Accounts

Instructions

Use this form to add or remove a Joint Account Holder on your John Hancock Safe Access Account. Joint held accounts will act as a joint tenancy with right of survivorship, where upon the death of one owner, the living owner is deemed the sole owner on the account. All signatures must be notarized. **Forms incomplete, unsigned, or missing the notarization will not be processed.** You can fax or mail the completed form to John Hancock using the contact information listed in the last section of this form.

To add a Joint Account Holder: Complete Sections 1 and 2.

To remove a Joint Account Holder: Complete Sections 1 and 3 (The Primary Account Holder cannot be removed from the account).

A new Joint Account Holder must also submit a properly completed and signed IRS Form W-9. If an Account Holder is not a U.S. person, they must submit the version of IRS Form W-8 that applies to them. Forms W-9 and W-8 and their instructions are available on the IRS website at www.irs.gov.

1. Safe Access Account Information

Primary Account Holder Information

Account Number	Phone Number	Phone Number				
Name (First)	(MI) (Last)					
Address (Street)	City	State	Zip Code			
Existing Joint Account Holder Information (if applicable)						
Name (First)	(MI) (Last)					
Address (Street)	City	State	Zip Code			

2. Adding a Joint Account Holder

Complete this section if you would like to add a Joint Account Holder to your Safe Access Account.

IMPORTANT INFORMATION: We are required by federal law, to obtain, verify, and record information that identifies each person listed as an Account Holder on the Safe Access Account. You must provide the information requested below.

Name (First)	(MI)	(Last)	
Address (Street)	City	State	Zip Code

Social Security Number (or Tax ID)

Primary Phone Number

Date of Birth (MM/DD/YYYY)

I hereby request to add a Joint Account Holder, and I understand that I am granting an ownership interest in the account to this new Joint Account Holder and that all Joint Account Holders have the right to access funds in, and initiate transactions available on, the account without approval or consent from any other Joint Account Holder. Upon completion of this ownership change, the account will be changed from an individual account to a jointly owned account with right of survivorship.

SIGN HERE		SIGN HERE	
	Signature of Account Holder		Signature of Additional Joint Account Holder
	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.

2. Adding a Joint Account Holder (continued)

County of	State of
On this day of,	before me personally came
and, kno described in and who executed the foregoing instrument, and he/she/they du	
Notary Public Signature Stamp (If applicable)	Notary Public Signature Stamp (If applicable)

3. Removing a Joint Account Holder

This section would be completed if a Primary Account Holder (who cannot be removed from the account, if living) and living Joint Account Holder agree to remove the Joint Account Holder from your Safe Access Account. If you intend to remove a Joint Account Holder who is deceased, do not complete this section. Instead, please contact John Hancock and complete the Claim Form for John Hancock Safe Access Accounts.

Name (First)	(MI)	(Last)			
Address (Street)	City		State	 Zip Code	

I/We understand that by removing this Account Holder, it will relinquish their ownership interest in the account and they will no longer have the right to access funds or act on behalf of this account.

Both the Account Holder and Joint Account Holder must sign.

SIGN HERE			SIGN HERE	•			
	Signature of Account Holder			Signature of Joint Account Holder			
	Today's Date (MM/DD/YYYY)			Today's Date (MM/DD/YYYY)			
	Title			Title			
	are signing on behalf of another indivi ey-in-Fact/POA, Corporate Officer). If				ervator, Trustee, Executor, G	uardian,	
County	of		State	e of			
On this	day of			before me pers	onally came		
and describ	ed in and who executed the foregoing in	strume	, known to ent, and he/she/they duly ac	o me (or satisfactoril knowledge to me th	y proven) to be the person/peo at he/she/they executed the sa	ple me.	
	Notary Public Signatur (If applicable)	e Star	np	Nota	ary Public Signature Stamp (If applicable)		
Con	tact Information						
Ξ	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		
æ	Safe Access Service Center: 1-800-248-6110	Ą	Safe Access Account We www.johnhancock.com/sa				