



Account numbers: \_\_\_\_\_

**1. Current account holder information** (continued)

**Joint account holder information (if applicable):**

Name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

**2. Trust information**

Trust name \_\_\_\_\_ Tax identification number (TIN) \_\_\_\_\_

State established \_\_\_\_\_ Effective date of trust (mm/dd/yyyy) \_\_\_\_\_ Date trust was signed/executed (mm/dd/yyyy) \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

**Grantor information:**

**1.** Grantor name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

**2.** Grantor name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

**Trustee information:**

**1.** Trustee name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

**2.** Trustee name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_



**3. Signatures and authorizations**

**By signing below, the grantors and trustees declare and represent to John Hancock that the information provided in this form is accurate and complete and confirm that:**

- The trust is revocable, is in full force and effect, and the primary account holder is a grantor of the trust. Changes of ownership to a revocable trust on which the account holder is not a grantor or to an irrevocable trust are not allowed because the account holder cannot transfer the account to an ownership arrangement that is not for the account holder's benefit.
- The trustees are allowed by the terms of the trust to own and administer proceeds from an insurance product in a settlement account.
- The terms of the trust permit the trustees to exercise all ownership rights provided by John Hancock in a settlement account and permit the trustee to disburse the account proceeds at their discretion. All trustees declare they will only expend and disburse funds in accordance with the requirements and mandates of the trust document. John Hancock will not verify payments conform with trust provisions, requirements, or beneficiaries.
- John Hancock may rely solely on this authorization and the information provided in this form as a basis for paying drafts issued from the subject Safe Access Account. John Hancock and its agents will not be responsible to determine the authority of the trustees or inquire into or review the provisions of the trust, and shall not be charged with knowledge of the terms of the trust.
- John Hancock may rely on the statements and evidence submitted with respect to any change of the trustees and/or the appointment of a successor trustee and is not responsible to determine that the change or the appointment of any additional or successor trustees conforms with the trust provisions.
- The account holder has spoken with a legal, financial, and/or tax professional to understand the full implications of this ownership change.
- The account holder understands that by changing the ownership to a trust, their ownership interest in the account as an individual is relinquished and they no longer have the right to access funds or exercise individual ownership rights or interests.



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

**SIGN HERE**

\_\_\_\_\_  
Signature of account holder Date signed (mm/dd/yyyy)

Title (select one, if applicable):  Trustee  Power of Attorney  Guardian  Other: \_\_\_\_\_

**SIGN HERE**

\_\_\_\_\_  
Signature of joint account holder (if applicable) Date signed (mm/dd/yyyy)

Title (select one, if applicable):  Trustee  Power of Attorney  Guardian  Other: \_\_\_\_\_

**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 the trust's full taxpayer identification number is not included in section 2 of this form, mandatory tax withholding will apply to interest credited on the account.

**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 trustee Date signed (mm/dd/yyyy)

**SIGN HERE**

\_\_\_\_\_  
Signature of additional trustee Date signed (mm/dd/yyyy)



Account numbers: \_\_\_\_\_

**4. Notarization**

**Account holder:**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned  
Day Month Year Notary name

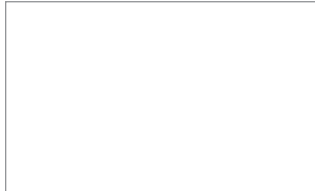
notary public, personally appeared \_\_\_\_\_, and proved to me through satisfactory evidence of identity,  
Account holder name

which was \_\_\_\_\_, to be the person whose name was signed above in my presence.

SIGN  
HERE

\_\_\_\_\_  
Signature of notary public

My commission expires (mm/dd/yyyy) \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_



Notary public seal here

**Joint account holder (if applicable):**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned  
Day Month Year Notary name

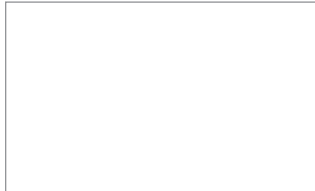
notary public, personally appeared \_\_\_\_\_, and proved to me through satisfactory evidence of identity,  
Joint account holder name

which was \_\_\_\_\_, to be the person whose name was signed above in my presence.

SIGN  
HERE

\_\_\_\_\_  
Signature of notary public

My commission expires (mm/dd/yyyy) \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_



Notary public seal here

**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

**Overnight mail:**  
John Hancock Safe Access Accounts  
372 University Avenue, Suite 55444, Westwood, MA 02090

