



Safe Access Account claim

John Hancock Safe Access Accounts


Important information


Each beneficiary is required to complete this Claim form. The claim will be processed once paperwork is received back in good order from all beneficiaries. If a beneficiary is not a U.S. person, the version of the IRS Form W-8 that applies to that beneficiary must be submitted.


A certified death certificate is also required to be submitted. A photocopy of the death certificate is generally acceptable if the total death benefit is less than \$500,000 and the death certificate was issued in the United States or Canada. Otherwise, an original copy is required. Only one death certificate is required for the deceased account holder. Multiple copies do not need to be provided when there are multiple beneficiaries.

Death certificates will not be returned.

Contact information

 **Website:**
johnhancock.com/safe-access-account.html

 **Phone:** 800-248-6110
TTY: 800-555-1158

 **Submission:**
See return instructions at end of this form.

1. Deceased account holder information

All accounts to which these instructions apply (provide one account per line):

Account number _____ Account number _____ Account number _____

Note: If you need to list more than 3 accounts, please do not enter more than one account per line. Instead, submit an additional form for the remaining accounts.

Deceased account holder name (First) _____ MI _____ Last _____

Social Security number _____ Date of birth (mm/dd/yyyy) _____ Date of death (mm/dd/yyyy) _____ Resident state _____

Cause of death _____

2. Text message consent

John Hancock offers a text message program that sends proactive notifications regarding the status of your claim to the mobile phone number provided. By providing your mobile number in section 3 below, **you expressly consent to receive SMS messages** (including text messages) from John Hancock, which may be delivered using an automated texting program. Additionally, you agree that you are the owner and authorized user of the mobile phone number provided on this form and agree to notify John Hancock immediately if you change or obtain a new phone number or no longer maintain the phone number provided. Please view our privacy policy at johnhancock.com/privacy. There is no separate charge for this service; however, your carrier's message and data rates may apply.

Check this box if you are providing your mobile number but wish to **withdraw your consent** to receive these SMS messages.



3. Beneficiary information**A. Individual claiming the death benefit proceeds:**

Complete **section A only** if the beneficiary claiming the death proceeds is an individual (not an entity). If there are multiple beneficiaries, each beneficiary must complete their own form. If the primary beneficiary is deceased, then you must also include a copy of the beneficiary's death certificate.

Beneficiary name (First) _____ MI _____ Last _____ Gender: Male Female

Maiden name (if applicable) _____ Social Security number _____ Date of birth (mm/dd/yyyy) _____ Relationship to deceased _____

Phone number _____ Mobile number See section 2. _____ Email address _____

Address (Street) If mailing to a PO box, a physical address is also required. _____

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

If you are acting as a fiduciary for the beneficiary, please indicate your capacity:

- Power of attorney for beneficiary (submit power of attorney)
 Legal guardian of a minor (submit court certificate of appointment)
 Other (explain): _____

B. Entity claiming the death benefit proceeds

Complete **section B only** if the beneficiary claiming the death proceeds is an entity (not an individual). Additional documentation may be required, depending on the capacity in which you are claiming to collect the death benefit proceeds. Refer to your Claim package for additional requirements that may apply. If the primary beneficiary is deceased, you must also include a copy of the beneficiary's death certificate.

Entity name _____ Fiduciary name _____

Taxpayer identification number (TIN) _____ Phone number _____ Mobile number See section 2. _____ Email address _____

Address (Street) If mailing to a PO box, a physical address is also required. _____

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

Tax classification for contract owners that are not individuals:

Check the appropriate box below to indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- Trust Estate Partnership C Corporation
 S Corporation LLC taxed as partnership LLC taxed as C Corporation LLC taxed as S Corporation
 Other (specify, for example, Charity, Qualified retirement plan, Nonprofit): _____

For a single-member limited liability company (LLC) treated as a disregarded entity, provide below the name, taxpayer identification number (TIN) and tax classification of the owner of the LLC.

Name _____

TIN _____ Tax classification _____

If you are acting as a fiduciary for the beneficiary, please indicate your capacity:

- Trustee (submit Trustee certification form)
 Executor of probated estate (submit letters testamentary)
 Non-probated or closed estate (submit Small estate affidavit form)
 Other (explain): _____



4. Settlement delivery options

Select one of the following options. Unless otherwise instructed below, the proceeds will be mailed to you at the address provided on this form.

Option 1: **John Hancock Safe Access Account**—By selecting this option, you will receive the death proceeds in the form of a newly established interest-bearing account¹ with a checkbook to withdraw money as you choose. A Safe Access Account is not available if the death benefit proceeds are less than \$10,000, if the policy was issued in New York or the beneficiary resides in New York, if the beneficiary is a non-U.S. person, or if the claim is payable to a corporation, an estate, a minor, a trust with multiple trustees, or a partnership. Visit our website at johnhancock.com/safeaccessaccount.html to learn more about this payment delivery method. If eligibility is not met for a John Hancock Safe Access Account, then a check will be issued to the address provided on this form.

Option 2: **Electronic funds transfer (EFT)**—The financial institution (bank, savings and loan, or credit union) you elect to receive electronic deposits must be a member of the Automated Clearing House (ACH) Network. Please contact your financial institution if you are unsure that it is a part of the ACH Network. Proceeds will arrive in your financial institution account within 3–5 business days.

Provide your account information below.

Checking

Savings

- Attach a voided check here. Deposit slips and starter checks are **not** accepted.
- The voided check must be in the name of the beneficiary. If a fiduciary (e.g., power of attorney, guardian, conservator, etc.) is the owner, their fiduciary status must be preprinted on the check (not applicable if the fiduciary is a joint owner). Example: Jane Smith, POA.
- If you are unable to provide a voided check, please include a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owners of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all account holders to certify that the information provided is correct.
- If your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your proceeds will be sent to your address of record by regular mail within 5–7 business days.

Beneficiary name
 Address _____
 City, State, Zip code _____ Date _____

Pay to the order of _____ \$ _____

Financial institution name
 Address _____
 City, State, Zip code _____

For
 ⑆ 1 2 3 4 5 6 7 8 9 ⑆: 0 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆: 0 1 2 3

Routing number Account number Check number

Financial institution _____

Routing/ABA number _____

Names listed on account _____

Account number _____

Option 3: **Check (default)**—The proceeds will be in the form of a check and mailed to your address of record within 5–7 business days.

5. Signatures and authorizations

EFT authorization:

I hereby authorize John Hancock Life Insurance Company (U.S.A.) (John Hancock) to deposit Safe Access Account death benefit payments directly to my bank, savings and loan, or credit union (financial institution) account, as indicated on this form. I authorize the financial institution identified on this form to accept such credit entries from John Hancock, and to credit my account at that financial institution in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution designated on this form to debit my account and refund such amount to John Hancock. I agree to direct my joint account owners, executor, administrators, or assignees to refund to John Hancock any payments that are made following my death so that they may be redistributed to my beneficiaries, if applicable. I agree to hold John Hancock harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account.

I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my account, as a result of mistake or otherwise, shall not subject John Hancock to any liability in excess of that owed to me under the applicable Safe Access Account. I understand that John Hancock is relying on the information that I have provided on this form, and further understand that John Hancock will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

If the financial institution account identified on this form is jointly owned, this authorization will not be effective without the signature of the joint account owner below.

Joint account owner EFT authorization:

I agree to notify John Hancock upon the death of the beneficiary and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form following the beneficiary's death or ineligibility. I understand that I may be personally liable, both individually and as a joint owner of the account identified on this form, for the amount of all benefit or survivor benefit payments with due dates after the death of the beneficiary. If I am entitled to any benefit from the applicable Safe Access Account as a beneficiary or contingent annuitant of the contract owner, the amount of my liabilities may be deducted from the amount payable to me.

¹ John Hancock Safe Access Account is not a bank account and is not insured by the FDIC or other governmental agency. Guarantees are dependent upon the claims-paying ability of the issuing company. Safe Access Account balances remain in John Hancock's general account and are subject to the claims of our creditors.



5. Signatures and authorizations (continued)

By signing this form, I am providing written permission for John Hancock to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user, or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such report.

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, is subject to criminal prosecution and/or civil penalties. By signing below, I agree under penalties of perjury that the information in this statement is complete and true to the best of my knowledge.

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 you are signing on behalf of an entity or other individual (e.g., Trustee, Power of Attorney, Guardian, Executor), indicate your title by checking the appropriate box below your signature and include any supporting documentation to substantiate your authority.

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 claimant/authorized signee Date signed (mm/dd/yyyy)

Print name (First) MI Last

Title (select one, if applicable): Trustee Power of Attorney Guardian Executor Other: _____

SIGN HERE

Signature of claimant/authorized signee Date signed (mm/dd/yyyy)

Print name (First) MI Last

Title (select one, if applicable): Trustee Power of Attorney Guardian Executor Other: _____

Additional requirements:

- If your name has changed, please provide a marriage certificate, divorce decree, or other legal documentation of the name change.
- If the beneficiary is a trust, you must also complete the Trustee certification form included with the package.
- If more than two signatures are needed, please use an additional signature page of the claim form.

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

