



Request ACH account setup

John Hancock Safe Access Accounts


Important information


Use this form to authorize John Hancock to setup the automated clearing house (ACH) network to your personal bank account.


- Funds may be electronically withdrawn from your John Hancock Safe Access Account and deposited into your other personal bank accounts, as specified by you. Before you can set up any such transactions electronically through your online account at johnhancock.com/saa, you must designate the bank account that will receive such funds by completing this form. In addition to designating receiving bank accounts, this form can be used to change or delete existing bank account information previously provided. Allow 2–3 business days from the withdrawal date of your Safe Access Account for the payment to be credited to the specified bank account.
- A pre-note transaction will be initiated upon receipt of this completed form requesting the addition of a receiving bank account or a change to existing bank account information. A pre-note (preauthorization) is a zero-dollar transaction created and sent through the ACH network to test the validity of the specified bank account information, including the ABA routing number and the bank account number. If a pre-note is initiated, there will be a lag of 6 banking days before a withdrawal transaction can be initiated at johnhancock.com/saa in order to give the receiving bank an opportunity to respond to the originating bank if the pre-note contains an invalid element.

This form must be completed in its entirety and returned to the address specified below. If information is missing, this form will not be processed.

Contact information

 **Website:**
johnhancock.com/saa

 **Phone:**
800-248-6110

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

1. Safe Access Account information

Account number

Account holder name (First)	MI	Last	Suffix	Phone number
Joint account holder name (if applicable) (First)	MI	Last	Suffix	Phone number

2. Financial institution information

ACH account setup type: (select only one)

- Add
- Change
- Delete

Provide your account information below and attach a voided check here.

The voided check must match the financial institution account information provided below. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. If a fiduciary (e.g., power of attorney, guardian, conservator, etc.) is the owner, their fiduciary status must be preprinted on the check. Example: Jane Smith, POA.

- Checking
- Savings

Owner name
Address
City, State, Zip code

Date _____

Pay to the order of _____ \$ _____

Financial institution name
Address
City, State, Zip code

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

Routing number
Account number
Check number

Names listed on account _____ Account number _____

Financial institution name _____ Routing/ABA number _____

Financial institution address (Street) _____

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

Important: If you are unsure of what financial institution address to provide, please refer to their website or call their customer service center to confirm.



3. Signatures and authorization

EFT authorization:

I hereby authorize John Hancock Life Insurance Company (U.S.A.) to deposit 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. 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 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 account holder and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form following the account holder'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 account holder. If I am entitled to any benefit from the applicable account as a beneficiary of the account holder, the amount of my liabilities may be deducted from the amount payable to me.

By signing this form, I understand and authorize John Hancock to initiate:

- Credit entries to my account provided above
- Any necessary debit entries and adjustments to correct entries made in error

I also understand this authorization is to remain in full force and effect until John Hancock has received advance notification in writing from me of its termination or a new signed setup form. I understand that such notification and new authorization must be provided and received by John Hancock in such time and manner as to afford John Hancock a reasonable opportunity to act on them.

SIGN HERE _____
 Signature of account holder Date signed (mm/dd/yyyy)

SIGN HERE _____
 Signature of joint account holder (if applicable) Date signed (mm/dd/yyyy)

EFT authorization for joint financial institution account owner:

SIGN HERE _____
 Signature of joint financial institution account owner (if any) Date signed (mm/dd/yyyy)

Return instructions

Please submit your completed and signed form via one of the following:

Regular mail:
 John Hancock Safe Access Accounts
 PO Box 535014, Pittsburgh, PA 15253-5014

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

