



Designation/change of beneficiary form

Structured Settlements

Before you begin

Use this form to add or change a beneficiary on your John Hancock structured settlement contract.

You can also complete this form entirely online.

- Visit the Other resources page in the help center at johnhancock.com.
- Find the Change of beneficiary form under the Structured settlements tab.
- Click the link to submit online and follow the step-by-step instructions.

Contact information



Website:

johnhancock.com



Phone: 866-275-5477

TTY: 800-555-1158



Submission:

See return instructions at end of this form.

1. Contract information

| | | | |
|-------------------------------|--------------------|--------------------------------|-------------------------------|
| Group annuity contract number | Association number | Certificate or customer number | |
| Payee 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.) |

☐ Check here if address provided is permanent address change for your annuity contracts.

2. Beneficiary designations (required)

Please list your primary and/or contingent beneficiaries below.

Percentages for all beneficiaries named in each category (primary and contingent) **must total one-hundred percent (100%)**. Designations given in dollar amounts, fractions, or with more than two decimal places (e.g., 33.333%) will not be accepted. If percentages are not provided, beneficiaries in the same category will share equally in any death benefit payable to them. If the beneficiaries are unable to be shared equally (e.g., $\frac{1}{3}$), we will designate the extra rounded percentile to the first listed beneficiary in each class (e.g., 33.34%, 33.33%, 33.33%).

Primary beneficiaries:

1.

| | | | |
|----------------------------------|----------------------------|--------------------------|-------------------------------|
| Primary beneficiary name (First) | MI | Last | |
| Social Security number (or TIN) | Date of birth (mm/dd/yyyy) | Percentage of proceeds % | |
| Phone number | Email address | Relationship to owner | |
| Address (Street) | | | |
| City | State | Zip code | Country (if outside the U.S.) |



2. Beneficiary designations (required) (continued)

2. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

3. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

4. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

5. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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



2. Beneficiary designations (required) (continued)

Contingent beneficiaries:

1. _____
Contingent beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

2. _____
Contingent beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

3. _____
Contingent beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

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

3. Signature and authorization

By signing below, I request John Hancock make the above changes to the specified contract, and I 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 also understand that the instructions on this form are subject to the terms and conditions of the contract. I hereby revoke all previous beneficiary designations under the above contract number.

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

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

Return instructions

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



Regular mail:

John Hancock Structured Settlements
PO Box 55446
Boston, MA 02205-5446

Overnight mail:

John Hancock Structured Settlements
John Hancock Insurance
372 University Avenue, Suite 55446
Westwood, MA 02090

