

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.

Conto								
Conta	ct information							
ф 1	Website:	ଲ	Phone	: 866-275-5477	\square	Submission:		
U	johnhancock.com	7.79	TTY:	800-555-1158	ت	See return inst	ructions at end of this form.	
1. Co	ntract information							
Group a	nnuity contract number	A	ssociatio	n number		Certificate or	customer number	
ayee n	ame (First)		MI	Last			Date of birth (mm/dd/yyyy)
Phone n	ıımher F	imail address						
none n	umber	inan addicas						
Address	(Street)							
City		State			Zip code		Country (if outside the U.S.)	
Chec	k here if address provided is permaner	t address change for	r vour annu	it, contracts				
_			your arrive	iity contracts.				
2 Ro	noficiary designations (regu		your anno	inty contracts.				
	neficiary designations (requ	iired)						
Please	list your primary and/or	iired) contingent be	neficia	ries below.	ngont) muct total o	ano hundrad	norcent (100%) Decignation	nc
Please Percen	list your primary and/or tages for all beneficiaries na	ired) contingent be med in each ca	neficia: tegory (ries below. primary and conti			percent (100%). Designation	
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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)			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)			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.)	



aroup	annuity contract number:	Association n	umber:	Certi	ficate or customer number:
2. E	Beneficiary designations (requi	red) (continued)			
Cont	ingent beneficiaries:				
	Contingent beneficiary name (First)			- Last	
C	ontingent beneficiary fiame (First)		1111	Last	%
S	ocial Security number (or TIN)	Dat	te of birth (mm/do	d/yyyy)	Percentage of proceeds
P	hone number	Email address			Relationship to owner
Ā	ddress (Street)				
C	ity	State		Zip code	Country (if outside the U.S.)
<u>.</u> c	Contingent beneficiary name (First)		MI	Last	
S	ocial Security number (or TIN)	Dat	te of birth (mm/do	d/yyyy)	Percentage of proceeds %
P	hone number	Email address			Relationship to owner
Ā	ddress (Street)				
C	ity	State		Zip code	Country (if outside the U.S.)
3. <u>-</u>	Section (1)			- I and	
C	Contingent beneficiary name (First)		MI	Last	0/
S	ocial Security number (or TIN)	Dat	te of birth (mm/do	d/yyyy)	Percentage of proceeds
P	hone number	Email address			Relationship to owner
Ā	ddress (Street)				
C	iity	State		Zip code	Country (if outside the U.S.)
lote	: If you need additional space to ide	ntify beneficiaries, please att	ach a signed and	dated letter.	
3. S	ignature and authorization				
equ nstr	est if such information, in the dis	scretion of John Hancock,	is necessary to	implement the change	agree to submit additional information upon es on this form. I also understand that the previous beneficiary designations under the
SIGN HERE	Signature of payee				
	Title (select one, if applicable):	☐ Trustee ☐ Power of At	ttorney 🔲 Gu	ıardian 🗌 Other:	2400 0.8.104 (, 437)))))
Ret	urn instructions				
	ase submit your completed a	nd signed form via one	of the followin	ng:	
igstyle igytyle igstyle igytyle		-	Overnig John Ha John Ha	cht mail: ncock Structured Settlem ncock Insurance versity Avenue, Suite 554	

