



Designation/change of beneficiary form

Structured Settlements

Before you begin


You can also complete this form entirely online.


- Visit the Help center tab on www.johnhancock.com.
- Click the "Find a form" button.
- Select Structured Settlements under the "Show me" dropdown.
- Find the Change of beneficiary form (electronic submission).
- Click the link and follow the step-by-step instructions.


Important information


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

Contact us

 **Website**
www.johnhancock.com

 **Phone**
1-866-275-5477
Weekdays 9 a.m. to 5 p.m. ET

 **Fax**
1-617-572-0355

 **Return instructions**
See the end of this document for return instructions.

1. Contract information

Contract number

Payee's name (First) _____ MI _____ Last _____ Date of birth (MM/DD/YYYY) _____

Phone number _____ Mobile number _____ Email address _____

Address (Street) Please check if the address provided is a permanent address change for all your annuity contract(s).

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

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)
Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY

2. Beneficiary designations (required)

Please list your primary and/or contingent beneficiary(ies) 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., 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 beneficiary(ies)

1. _____
 Primary beneficiary's name (First) MI Last

 Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
 Percentage of proceeds

 Phone number Email Relationship to owner

 Address (Street)

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

2. _____
 Primary beneficiary's name (First) MI Last

 Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
 Percentage of proceeds

 Phone number Email Relationship to owner

 Address (Street)

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

3. _____
 Primary beneficiary's name (First) MI Last

 Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
 Percentage of proceeds

 Phone number Email Relationship to owner

 Address (Street)

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

2. Beneficiary designations (required) (continued)

4. _____
 Primary beneficiary's name (First) MI Last

 Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
 Percentage of proceeds

 Phone number Email Relationship to owner

 Address (Street)

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

5. _____
 Primary beneficiary's name (First) MI Last

 Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
 Percentage of proceeds

 Phone number Email Relationship to owner

 Address (Street)

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

Contingent beneficiary(ies)

1. _____
 Contingent beneficiary's name (First) MI Last

 Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
 Percentage of proceeds

 Phone number Email Relationship to owner

 Address (Street)

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

2. _____
 Contingent beneficiary's name (First) MI Last

 Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
 Percentage of proceeds

 Phone number Email Relationship to owner

 Address (Street)

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

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)
 Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY

2. Beneficiary designations (required) (continued)

3. _____
 Contingent beneficiary's name (First) _____ MI _____ Last _____

_____ %
 Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____

_____ %
 Phone number _____ Email _____ Relationship to owner _____

_____ %
 Address (Street) _____

_____ %
 City _____ State or country (if outside the U.S.) _____ Zip code _____

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 _____ Today's date (MM/DD/YYYY) _____

Submission 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
 410 University Avenue, Suite 55446, Westwood, MA 02090
-  **Fax** 1-617-572-0355