



Account maintenance request

John Hancock Safe Access Accounts

Important information

Use this form to request an address change, name change, or to update the beneficiary(ies) on your John Hancock Safe Access Account.

Address change

Complete sections 1, 2, and 5.

Legal name change


Complete sections 1, 3, and 5.


Beneficiary designation updates


Complete sections 1, 4, and 5.

Contact us

 **Website**
www.johnhancock.com/
safeaccessaccount.html

 **Phone**
1-800-248-6110

 **Fax**
1-617-572-5007

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

1. Account information

Primary account holder information

Account number(s)

Name (First)

MI

Last

Social Security number (or TIN)

Date of birth (MM/DD/YYYY)

Phone number

Mobile number

Email address

Address (Street)

City

State or country (if outside the U.S.)

Zip code

Joint account holder information (if applicable)

Name (First)

MI

Last

Social Security number (or TIN)

Date of birth (MM/DD/YYYY)

Phone number

Mobile number

Email address

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)

2. Address change**Select only one:**

- Primary account holder
 Joint account holder
 Primary account holder and joint account holder

Please change the address on the above account to the following:

New address (Street) _____

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

Zip code _____

3. Name change**Select only one:**

- Primary account holder
 Joint account holder

Change is due to: (select only one)

- Marital status has changed from single to married (attach copy of marriage license)
 Marital status has changed due to a divorce (attach copy of divorce decree)
 Incorrect spelling
 Other _____ (attach copy of any court order)

**SIGN
HERE**

Signature of prior name _____

Print name (First) _____

MI _____

Last _____

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

**SIGN
HERE**

Signature of new name _____

Print name (First) _____

MI _____

Last _____

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

4. Beneficiary designation**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 share 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%).

Note: Your beneficiary designation is not effective until received and recorded by John Hancock. When received and recorded, it becomes retroactive to the date the designation was signed. This designation shall be invalid if the person making it does not have the right to change the beneficiary under this account.

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 account holder _____

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)

4. Beneficiary designations (continued)

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 account holder

 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 account holder

 Address (Street)

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

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 account holder

 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 account holder

 Address (Street)

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

4. Beneficiary designations (continued)**Contingent beneficiary(ies)**

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

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

_____ Relationship to account holder
 Phone number Email

 Address (Street)

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

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

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

_____ Relationship to account holder
 Phone number Email

 Address (Street)

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

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

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

_____ Relationship to account holder
 Phone number Email

 Address (Street)

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

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

5. Signatures and authorizations

By signing below, I/we request John Hancock make the above changes to the specified account, and I/we 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/We also understand that the instructions on this form are subject to the terms and conditions of the account.

If provided, your email address and mobile number will be used to improve the quality and timeliness of our communications to you. By providing your email address or mobile number, you expressly authorize John Hancock to email or text you with details regarding your request. Message and data rates may apply. If you wish to opt out of this communication, please check this box.


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 another individual or entity, please indicate your title (i.e., Trustee, Power of Attorney ("POA"), Guardian). Please 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 account holder_____
Today's date (MM/DD/YYYY)


Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

SIGN
HERE_____
Signature of joint account holder (if applicable)_____
Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

Submission instructions

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Regular mail | John Hancock Safe Access Accounts
PO Box 55979, Boston, MA 02205-5979 |  Fax 1-617-572-5007 |
| Overnight mail | John Hancock Safe Access Accounts
410 University Avenue, Suite 55979, Westwood, MA 02090-5979 | |