



Account maintenance request

John Hancock Safe Access Accounts

Important information

Use this form to request an address change, name change, or to update the beneficiaries 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.

All owners must sign. All trustees must sign if the account is owned by a trust.

- **Power of attorney:** If this form is signed by an attorney-in-fact or agent appointed in a power of attorney, a complete copy of the power of attorney must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the power of attorney is still valid before processing this request.
- **Guardians and conservators:** If this form is signed by a guardian or conservator, a complete copy of their court appointment must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect before processing this request.

Contact information

 **Website:** johnhancock.com/safe-access-account.html  **Phone:** 800-248-6110 **TTY:** 800-555-1158  **Submission:** See return instructions at end of this form.

1. Account holder information

All accounts to which these instructions apply (provide one account per line):

Account number _____ Account number _____ Account number _____

Note: If you need to list more than 3 accounts, do not enter more than one account per line. Instead, submit an additional form for the remaining accounts.

Primary account holder information:

Name (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____

Address (Street) _____

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

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

Phone number _____ Mobile number _____ Email address _____
See text message consent below.

Text message consent:

John Hancock offers a text message program that sends proactive notifications regarding the status of your claim to the mobile phone number provided. By providing your mobile number above, **you expressly consent to receive SMS messages** (including text messages) from John Hancock, which may be delivered using an automated texting program. Additionally, you agree that you are the owner and authorized user of the mobile phone number provided on this form and agree to notify John Hancock immediately if you change or obtain a new phone number or no longer maintain the phone number provided. Please view our privacy policy at johnhancock.com/privacy. There is no separate charge for this service; however, your carrier's message and data rates may apply.

☐ Check this box if you provided your mobile number but wish to **withdraw your consent** to receive these SMS messages.



Account numbers: _____

1. Account holder information (continued)

Joint account holder information (if applicable):

Name (First) _____ MI _____ Last _____ Date of birth (mm/dd/yyyy) _____

Social Security number (or TIN) _____ Phone number _____ Email address _____

Address (Street) _____

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

2. Address change

Select only one of the following:

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

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

New address (Street) _____

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

3. Name change

Select only one of the following:

- ☐ 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 _____ Date signed (mm/dd/yyyy) _____

Print name (First) _____ MI _____ Last _____

SIGN
HERE

Signature of new name _____ Date signed (mm/dd/yyyy) _____

Print name (First) _____ MI _____ Last _____



4. Beneficiary designations

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., 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 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.

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.)

4. Beneficiary designations (continued)

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.)

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.



5. Signatures and authorizations

By signing below, I request John Hancock make the above changes to the specified account, 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 account.

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 an entity or other individual (e.g., Trustee, Power of Attorney, Guardian), indicate your title by checking the appropriate box below your signature.

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_____
Date signed (mm/dd/yyyy)Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Other: _____**SIGN
HERE**_____
Signature of joint account holder (if applicable)_____
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 Safe Access Accounts
PO Box 55979, Boston, MA 02205-5979

Overnight mail:

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

