



Change of joint account holder

John Hancock Safe Access Accounts

Important information




Use this form to add or remove a joint account holder on your John Hancock Safe Access Account. **A jointly-owned account acts as a joint tenancy with right of survivorship, where upon death of one owner, the living owner serves as the sole account holder.**

All current and new account holders must sign this form and their signatures must be notarized in order for this form to be considered in good order. 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.

Note: The primary account holder cannot be changed. If the current joint account holder is deceased, please do not submit this form. Instead, submit the John Hancock Safe Access Account Surviving account holder information request form.

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. Current 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, please 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 _____ 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. Current account holder information (continued)

Joint account holder information (if applicable):

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.) _____

2. Joint account holder change instructions

Select one or both of the following:

- ☐ Add a joint account holder.
- ☐ Remove the joint account holder noted in section 1.

New joint account holder information (if applicable)

New joint account holder name (First) _____ MI _____ Last _____

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

Phone number _____ Email address _____

Address (Street) _____

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

Tax classification for joint account holders that are not individuals:

Please check the appropriate box below to indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- ☐ Trust
- ☐ Other (specify, for example, Charity, Nonprofit): _____

3. Signatures and authorizations

By signing below, we understand that:

- If adding a joint account holder, the account holder is granting an ownership interest in the account to this new joint account holder and giving them the right to access funds in, and initiate transactions available on, the account without approval or consent from the other account holder. If there was previously no joint account holder, the account will be changed from an individual account to a jointly-owned account with right of survivorship.
- If removing a joint account holder, their ownership interest in this account will be relinquished and they will no longer have the right to access funds or act on behalf of this account.



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.

Current account holders: (all must sign)

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: _____



3. Signatures and authorizations (continued)**For account holder additions only: new joint account holder must sign****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. If a title is not indicated or the new joint account holder's full Social Security number or taxpayer identification number is not included in section 2 of this form, mandatory tax withholding will apply to interest credited to the account.

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 new joint account holder (if applicable) _____

Date signed (mm/dd/yyyy) _____

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

4. Notarization**Account holder:**

On this _____ day of _____, _____, before me, _____ the undersigned
Day Month Year Notary name
notary public, personally appeared _____, and proved to me through satisfactory evidence of identity,
Account holder name
which was _____, to be the person whose name was signed above in my presence.

SIGN
HERE

Signature of notary public _____

My commission expires (mm/dd/yyyy) _____

State _____

County _____

Notary public seal here

Joint account holder (if applicable):

On this _____ day of _____, _____, before me, _____ the undersigned
Day Month Year Notary name
notary public, personally appeared _____, and proved to me through satisfactory evidence of identity,
Joint account holder name
which was _____, to be the person whose name was signed above in my presence.

SIGN
HERE

Signature of notary public _____

My commission expires (mm/dd/yyyy) _____

State _____

County _____

Notary public seal here



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

