



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.


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 claim form.

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. Current account holder information

Primary account holder information

Account number(s) _____

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

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

 Address (Street)

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

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 (please specify, for example, Charity, Non-Profit) _____


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 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.

 If you are signing on behalf of an entity or other person (i.e., Trustee, Power of Attorney ("POA"), Guardian), please indicate your title by checking the appropriate box beneath your signature.

Current account holder(s) (all must sign)

 _____
 Signature of account holder Today's date (MM/DD/YYYY)

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

 _____
 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 _____

3. Signatures and authorizations (continued)

For account holder changes 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.

i If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney ("POA"), Guardian), please 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 _____ Today's date (MM/DD/YYYY)

Signature of new joint account holder

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

4. Notarization

Account holder

On this _____ day of _____, _____, before me, _____ the undersigned

Day Month Year Notary's name

Notary Public, personally appeared _____, and proved to me through satisfactory evidence of identity,

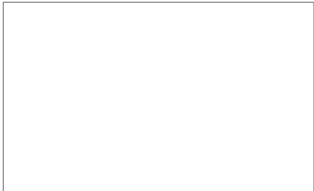
Account holder's name

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

4. Notarization (continued)

Joint account holder

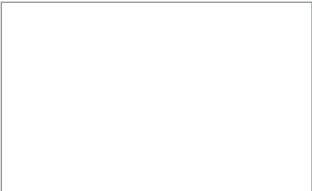
On this _____ day of _____, _____, before me, _____ the undersigned
Day Month Year Notary's name

Notary Public, personally appeared _____, and proved to me through satisfactory evidence of identity,
Joint account holder's 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

Submission 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

Fax 1-617-572-5007

Overnight mail John Hancock Safe Access Accounts
410 University Avenue, Suite 55979, Westwood, MA 02090-5979