



Distribution request

John Hancock Safe Access Accounts

Important information




Use this form to request a partial distribution from your John Hancock Safe Access Account or to request a full distribution to close your account.

- Distributions can only be sent to the primary account holder. To make a distribution to a third party, please use your Safe Access Account draft book instead of submitting this form.
- Distribution requests must be received in good order prior to 11:30 A.M., Eastern time in order to be processed that same day.

All account holders 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 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) _____

Phone number _____ Email address _____

Address (Street) _____

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

2. Distribution instructions

Select which type of distribution you would like to request:

- ☐ Full account closure
- ☐ Specific amount \$ _____

Note: A minimum balance of \$1,000 is required to keep your Safe Access Account open. If a distribution causes the account balance to fall below the minimum requirement, John Hancock will close out your account and send the full balance as part of this request.

3. Payment delivery options

Select one of the following options. Unless otherwise instructed below, the distribution will be mailed to the primary account holder's address of record.

Option 1: ☐ **Electronic funds transfer (EFT)**—The financial institution (bank, savings and loan, or credit union) you elect to receive electronic deposits must be a member of the Automated Clearing House (ACH) Network. Please contact your financial institution if you are unsure that it is a part of the ACH Network. Proceeds will arrive in your financial institution account within 3–5 business days.

Provide your account information below.

- ☐ Checking
- ☐ Savings

- Attach a voided check here. Deposit slips and starter checks are **not** accepted.
- The voided check must be in the name of the beneficiary. If a fiduciary (e.g., power of attorney, guardian, conservator, etc.) is the owner, their fiduciary status must be preprinted on the check (not applicable if the fiduciary is a joint owner). Example: Jane Smith, POA.
- If you are unable to provide a voided check, please include a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owners of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all account holders to certify that the information provided is correct.
- If your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your proceeds will be sent to your address of record by regular mail within 5–7 business days.

| | | |
|---|--|----------------|
| Account holder name | | |
| Address _____ | | |
| City, State, Zip code _____ | | Date _____ |
| Pay to the order of _____ | | \$ _____ |
| Financial institution name | | |
| Address _____ | | |
| City, State, Zip code _____ | | |
| For _____ | | |
| ⑆ 1 2 3 4 5 6 7 8 9 ⑆ 0 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆ 0 1 2 3 | | |
| Routing number | | Account number |
| | | Check number |

Financial institution _____ Routing/ABA number _____

Names listed on account _____ Account number _____

Option 2: ☐ **Check (default)**—The proceeds will be in the form of a check and mailed to your address of record within 5–7 business days.



4. Signatures and authorizations**EFT authorization:**

I hereby authorize John Hancock Life Insurance Company (U.S.A.) (John Hancock) to deposit Safe Access Account death benefit payments directly to my bank, savings and loan, or credit union (financial institution) account, as indicated on this form. I authorize the financial institution identified on this form to accept such credit entries from John Hancock, and to credit my account at that financial institution in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution designated on this form to debit my account and refund such amount to John Hancock. I agree to direct my joint account owners, executor, administrators, or assignees to refund to John Hancock any payments that are made following my death so that they may be redistributed to my beneficiaries, if applicable. I agree to hold John Hancock harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account.

I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my account, as a result of mistake or otherwise, shall not subject John Hancock to any liability in excess of that owed to me under the applicable Safe Access Account. I understand that John Hancock is relying on the information that I have provided on this form, and further understand that John Hancock will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

If the financial institution account identified on this form is jointly owned, this authorization will not be effective without the signature of the joint account owner below.

Joint account owner EFT authorization:

I agree to notify John Hancock upon the death of the beneficiary and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form following the beneficiary's death or ineligibility. I understand that I may be personally liable, both individually and as a joint owner of the account identified on this form, for the amount of all benefit or survivor benefit payments with due dates after the death of the beneficiary. If I am entitled to any benefit from the applicable Safe Access Account as a beneficiary or contingent annuitant of the contract owner, the amount of my liabilities may be deducted from the amount payable to me.

By signing this form, I am providing written permission for John Hancock to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user, or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such report.



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.

I hereby certify the information on this form is complete and accurate. By signing below, I understand that once this distribution is made and released by John Hancock, it can not be placed back into my Safe Access Account. I direct John Hancock to make the distribution in accordance with the designation on this form. **If there is more than one trustee, 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: _____**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

