




# 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.

## 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 \_\_\_\_\_ 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 \_\_\_\_\_

## 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.

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)

**3. 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 fund transfer (EFT)** – The distribution will arrive in your financial institution account within 3-5 business days. Please select one option below.

**Send the distribution to my checking or savings account:**  
 Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the account holder(s). We cannot send funds to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the bank registration unless there is an indication of their fiduciary status pre-printed on the check from the bank.  
 Example: Jane Smith, POA.

- Checking
- Savings

**Important:** 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 owner(s) of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all account holder(s) to certify that the information provided is correct.

<b>Account holder's name</b>		
Address		Date _____
City, State, Zip code		
Pay to the order of _____		\$ _____
<b>Bank name</b>		
Address		
City, State, Zip code		
<b>For</b>		
<b>Ⓜ</b> 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
<b>Bank routing number</b>	<b>Bank account number</b>	<b>Check number</b>

Please also complete the following information below.

_____	_____
Financial institution	Routing/ABA number
_____	_____
Account number	Name(s) listed on account

**Option 2:**  **Regular mail to the address provided in section 1 (default)** – The distribution will arrive within 5-7 business days.

**4. Signatures and authorizations**

I hereby certify the information on this form is correct 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. **All trustees must sign, if there is more than one trustee.**

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.

**i** 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.

**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:

- 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