



Trustee certification

John Hancock Safe Access Accounts

Instructions for completing this form


This form must be completed and submitted with either the John Hancock Safe Access Account Change of account holder to revocable trust form or Claim form if the beneficiary(ies) claiming the proceeds of the account is a trust.


The undersigned trustee(s) of the trust named below represent, warrant, and certify that the representations made in this certification are true, complete, and accurate; that the trust is in full force and effect; and that the trust agreement (as defined below) has not been revoked, modified, or amended in any manner which would cause the representations contained in this certification to be inaccurate or incorrect.


John Hancock will rely on this certification and will not be held liable for any act taken by it pursuant to and reliant upon this certification and upon the representations made herein unless and until it receives a written trust amendment, written notice of changed trustee(s), or any amendment or modification to the trust agreement which would cause the representations contained in this certification to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the trust's revocability, the trustee powers, or any representations made in this certification. The undersigned trustee(s) hereby individually, jointly, and severally indemnify John Hancock and each of its affiliated officers, directors, employees, and agents from and hold such persons harmless against any claims, losses, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including but not limited to attorney fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such trustee's instructions.


This indemnification is made by the undersigned trustee(s), both in their capacities as trustees and in their individual capacities, and shall not be limited by the trustee's provision to John Hancock of independent documentation concerning the representations made herein. Upon death, incapacity, or resignation of a trustee, John Hancock should be notified by the assumption of duties of the successor trustee.

Contact us

 **Website**
www.johnhancock.com/
safeaccessaccount.html

 **Phone**
1-800-248-6110

 **Fax**
1-617-572-5007

 **Return instructions**
If this form is applicable, it must be returned with all other required forms and documents in order for your request to be processed.

1. Trust information

Account number(s) _____


Name of trust _____


Tax Identification Number (TIN) _____ City and state assigned _____ Date of trust (MM/DD/YYYY) _____


2. Trustee(s) signature


As of the date of this certification the trustee(s) below are and continue to be all of the trustees of the trust. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signed and sworn under the penalties of perjury. By signing this form, I/we certify that the information contained in this trustee certification is true, correct, and complete. **All trustees must sign, if there is more than one trustee.**

 _____
Signature of trustee _____ Print trustee's name _____ Today's date (MM/DD/YYYY) _____

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Signature of trustee _____ Print trustee's name _____ Today's date (MM/DD/YYYY) _____

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Signature of trustee _____ Print trustee's name _____ Today's date (MM/DD/YYYY) _____

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Signature of trustee _____ Print trustee's name _____ Today's date (MM/DD/YYYY) _____

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