



John Hancock Annuity claim package

Your guide and required forms
to settle your death claim



Let's get started

We understand that the loss of a loved one is difficult. John Hancock is committed to settling your claim in a convenient and supportive manner. All the necessary information related to settling your claim is included in this package. For more information, visit the claims page at johnhancock.com/annuities or refer to the frequently asked questions (FAQs) section on page 4 of this package.



What to expect during the claim process

Notification of death

Deaths may be reported to John Hancock over the phone or through the claims page at johnhancock.com/annuities. Once we are notified, an annuity claim representative validates the information and annuity contract details. In addition, to protect the beneficiaries, all activity on the annuity contract will be restricted until the claim is settled. The representative will advise you if you qualify for a paperless Express Claim.

Initial review

Our claim package is provided to the beneficiaries. This includes details on your settlement options and the necessary forms and information required to settle your claim. All beneficiary requirements for each settlement type are outlined on pages 2 and 3 of this package.

Claim form submission

Beneficiaries return required claim settlement forms to John Hancock via fax at 617-663-3389 or via regular mail to John Hancock Annuities Service Center, PO Box 55444, Boston, MA 02205-5444. If you received this package through the mail, a complimentary business reply envelope is included within this package.

Final claim review

Our annuity claim representatives review all submitted paperwork to ensure the required information has been provided. For items requiring attention, our representatives will contact each beneficiary directly to resolve any issues. Claims cannot be processed until every beneficiary has provided complete and accurate paperwork.

Claim payment

Once all paperwork is complete and received from all beneficiaries, the claim will be processed. Either we will send you a payment via the delivery method you elect or we will provide you with a confirmation letter with your new account information.



Settlement requirements

The forms necessary to settle your claim depend on the settlement option you elect.

The required forms by settlement option are outlined in the bottom row of pages 2 and 3.

At a minimum we need to receive the following:

Death certificate A certified death certificate must be submitted. A copy is acceptable if the total death benefit for all annuity contracts owned by the deceased is less than \$500,000. Otherwise, an original (not a copy) is required and must be submitted by mail. In addition, if the death certificate was issued outside of the United States or Canada, an original death certificate is required regardless of the death benefit amount. If the death occurred outside the United States or Canada, a **Report of Death of an American Citizen Abroad** document is required. This can be obtained by contacting the U.S. Embassy or the U.S. Department of State.

Claim forms Completed claim forms must be received from each beneficiary. One set of claim forms is included with this package. If there are multiple beneficiaries listed on a variable annuity contract, John Hancock cannot settle the claim until every beneficiary has submitted their paperwork.



We are here to help

While this claim package presents the settlement options available, we understand it can still be difficult to sort through. The good news is that you don't have to do it alone.

Our annuity claim representatives are available to help assist you during this process. Our representatives will reach out to you periodically if we do not receive the necessary paperwork to settle your claim. We will also follow up with you if we need corrected paperwork.

Communication is key to settling your claim quickly and seamlessly. If you need additional assistance, please contact our annuity claim representatives at **877-543-2363**.

Next steps

Once all necessary documentation is received, your claim will be reviewed for completeness. Claims for variable annuity contracts deemed in good order and received before 4:00 P.M. Eastern time will be processed that day. Claims for fixed annuity contracts deemed in good order will be processed within 3 business days.

Please note that failure to provide the required documentation in good order will delay the settlement of your claim. Extended delays may also result in your claim proceeds being paid to applicable state agencies in accordance with state unclaimed property laws.



Explanation of settlement options

Your settlement options will vary depending on the type of annuity and your relationship to the deceased. Please keep in mind that some of these options presented may not be available to you. Refer to the beneficiary types listed below to determine which options are available to you.

Note: Once a settlement option is elected, it may not be changed and is irrevocable.

Your relationship to the deceased:

S Spouse **NS** Nonspouse **M** Minor **T** Trust **E** Estate **CH** Charity **C** Corporation/other entity

	Cash settlement	Spousal continuation
Available settlement options by beneficiary type	S NS M T E CH C	S
Description	<ul style="list-style-type: none"> Immediate access to money distributed in one lump-sum payment 	<ul style="list-style-type: none"> Surviving spouse becomes the owner of their share of the annuity contract
Features and disclosures	<ul style="list-style-type: none"> Ability to receive payment via either check or electronic funds transfer (EFT) to your financial institution account or to establish a John Hancock Safe Access interest-bearing account (see page 4 or refer to the enclosed Safe Access insert for details) If total claim proceeds are under \$10,000 or made payable to a corporation, custodian, or minor, the claim amount will only be paid via check or EFT; if proceeds exceed \$1 million, the claim amount will only be paid via EFT unless John Hancock approves otherwise at their discretion Selecting EFT will provide quicker access to claim proceeds 	<ul style="list-style-type: none"> Surviving spouse's share of the annuity contract remains fully invested Ability to name new beneficiary Additional purchase payments may not be allowed for all products Surrender penalties may apply for certain products
Tax treatment	<ul style="list-style-type: none"> Income portion of the annuity contract proceeds is subject to federal income tax and may be subject to state income tax An IRS Form 1099 will be sent to you in the year following your claim settlement for tax filing purposes 	<ul style="list-style-type: none"> Investment earnings are tax-deferred Income generally not taxed until distributions begin A 10% additional tax may apply to income withdrawn before the surviving spouse reaches age 59½ No step-up in cost basis <p>Generally, distributions are treated as coming first from the income accumulated in the contract and are taxable to that extent. Distributions in excess of the accumulated income are a nontaxable return of the owner's investment in the contract. Special rules apply to contracts that hold contributions made before August 14, 1982</p>
Required forms	<ul style="list-style-type: none"> <input type="checkbox"/> Certified death certificate <input type="checkbox"/> Annuity claim form <input type="checkbox"/> Trustee certification form (if beneficiary is a trust) 	<ul style="list-style-type: none"> <input type="checkbox"/> Certified death certificate <input type="checkbox"/> Annuity claim form <input type="checkbox"/> Transfer authorization agreement

Extended beneficiary account

(nonqualified stretch)

S NS M

- Beneficiary becomes the owner of their share of the annuity contract
- Distributions must begin no later than one year from the date of death

- Beneficiary's share of the annuity contract remains fully invested
- Ability to name new beneficiary
- Additional purchase payments not allowed
- Distribution amounts can be increased at any time without penalties
- This option is not available after one year from the date of death

- Investment earnings are tax-deferred
- Income generally not taxed until distributions begin
- Income exempt from 10% penalty tax for early distributions
- No step-up in cost basis

Generally, distributions are treated as coming first from the income accumulated in the contract and are taxable to that extent. Distributions in excess of the accumulated income are a nontaxable return of the owner's investment in the contract. Special rules apply to contracts that hold contributions made before August 14, 1982

- Certified death certificate
- Annuity claim form
- Transfer authorization agreement

5-year settlement account

S NS M T E CH C

- Claim proceeds are held in an account in the name of the beneficiary
- Beneficiary determines the amount and frequency of distributions

- Beneficiary's share of the annuity contract remains fully invested
- Periodic withdrawals permitted
- Additional purchase payments not allowed
- Total distribution must occur no later than the 5th anniversary of the date of death

- Investment earnings are tax-deferred
- Income generally not taxed until distributions begin
- Control when to take distributions and when to owe taxes over the 5-year period
- Income exempt from 10% penalty tax for early distributions
- No step-up in cost basis

Generally, distributions are treated as coming first from the income accumulated in the contract and are taxable to that extent. Distributions in excess of the accumulated income are a nontaxable return of the owner's investment in the contract. Special rules apply to contracts that hold contributions made before August 14, 1982

- Certified death certificate
- Annuity claim form
- Trustee certification form (if beneficiary is a trust)
- Transfer authorization agreement

Annuitization

S NS M

- Converts the value of the annuity contract into a stream of income
- Option for guaranteed lifetime income payments
- Once distributions begin, the election cannot be changed
- Scheduled distributions to the beneficiary must begin no later than one year from the date of death

- Payment illustrations can be requested from our annuity claim center prior to electing an annuitization distribution option
- Additional withdrawals cannot be taken
- No surrender charge on income

- Income generally not taxed until distributions begin
- Each payment includes a partial distribution of taxable contract income and a partial, nontaxable, return of the investment in the contract
- Once the investment has been depleted, any subsequent payments are fully included in income
- Income exempt from 10% penalty tax for early distributions
- No step-up in cost basis

- Certified death certificate
- Annuity claim form
- Annuitization form



Frequently asked questions (FAQs)

What is a Safe Access Account?*

As a beneficiary of a John Hancock annuity contract electing a cash settlement, you may elect to have your claim proceeds deposited into a John Hancock Safe Access Account. A Safe Access Account is an interest-bearing account from which checks can be written to access the account balance that is guaranteed by John Hancock. You may choose to write a check for all or part of the account without any fees or penalties. Note that any gain in the annuity contract is includible in your gross income when it is deposited into the account. A John Hancock Safe Access Account is not a bank account and not FDIC insured. If you elect to receive your money via the John Hancock Safe Access Account, the income portion of the annuity proceeds will be subject to current federal income tax and may be subject to state income tax. Any interest subsequently earned on the Safe Access account will also be subject to taxes for the year credited to the account. Visit our website at johnhancock.com/safeaccessaccount.html or refer to the enclosed Safe Access insert to learn more about a John Hancock Safe Access Account.

Am I eligible for a Safe Access Account?

Most beneficiaries are eligible for a Safe Access Account. It is not available if the total death benefit proceeds are less than \$10,000, if the policy was issued in New York or the beneficiary resides in New York, if the beneficiary is a non-U.S. citizen, or if the claim is payable to a corporation, an estate, a minor, or a partnership.

Can a claim be processed prior to receiving claim forms from all beneficiaries?

For fixed annuity contracts, partial payouts are acceptable. However, due to market volatility, we cannot process partial claims on variable annuity contracts. The determination of the death benefit on variable contracts will be made on the date we receive proof of death and all required claim forms in good order from all beneficiaries at our annuities service center.

Can all of the claim paperwork be faxed in?

Yes. Paperwork can be sent via fax at 617-663-3389; however, John Hancock reserves the right to require that original paperwork be mailed in (including a certified death certificate if the total death benefit for all annuity contracts owned by the deceased is greater than \$500,000) at any point during the claim process.

When do I need to complete IRS Form W-8?

If a beneficiary is not a U.S. citizen, U.S. resident alien, or other U.S. person, that beneficiary must submit a properly completed IRS Form W-8. There are different Forms W-8 depending on the beneficiary's status. Please refer to the instructions on Forms W-8 on how to complete each form. You can obtain copies of the forms and their instructions on the IRS website at irs.gov.

What is the purpose of the "maturity date election" under the spousal continuation option in section 4 of the Annuity claim form?

When a surviving spouse elects to continue the contract as their own, they must declare a new maturity date in this section. The new contract owner-annuitant must select a new maturity date because the original maturity date was based on the date of birth of the deceased contract owner-annuitant. The new contract owner-annuitant can defer annuitization by extending the contract's maturity date to a maximum of age 100, subject to the terms and conditions of the contract. By extending the date of maturity, the contract will remain in the accumulation phase.

What if a beneficiary is deceased?

If the primary beneficiary passed away before the annuity owner, unless otherwise provided by the annuity owner, the primary beneficiary share is paid to the remaining living primary beneficiaries. If there are no living

primary beneficiaries, the deceased beneficiary's share will be paid to the contingent beneficiaries. If all beneficiaries passed away before the annuity owner, the proceeds will be paid to the owner's estate. For any deceased beneficiary, you must submit a copy of their death certificate.

What if the beneficiary is an estate but no petition for probate has been filed?

To process the claim, John Hancock will require submission of either letters testamentary or a letter of administration issued by the court. If the estate will not be probated, it may be possible to claim the death benefit with a small estate affidavit. Please consult with your own attorney for any state-specific requirements.

What are letters testamentary or a letter of administration?

Letters testamentary or a letter of administration are a state's court appointment of a person to act as executor or administrator of an estate. If the beneficiary is an estate, the Annuity claim form must be signed by the court-appointed representative.

What if a beneficiary's name has changed?

Documentation to substantiate the change must be submitted; for example, a copy of a divorce decree or marriage certificate.

What if the beneficiary is a minor?

If the proceeds are less than \$10,000, John Hancock will generally allow parents of a minor beneficiary to claim the proceeds upon presentation of the minor's birth certificate. Generally for proceeds of \$10,000 or more, a court-appointed guardian or conservator of the minor's property must submit the claim. For your state requirements, please contact an annuity claim representative.

What if an attorney-in-fact is appointed in a power of attorney or a guardian is appointed by the court?

To claim the death benefit on behalf of the beneficiary, a complete copy of the power of attorney or guardianship document, including all signature pages, must be submitted with the Annuity claim form. John Hancock reserves the right to reject the claim if, in its opinion, the attorney-in-fact or guardian is acting outside the scope of their authority.

Does the income benefit on my spouse's contract automatically restart if I select spousal continuation?

No. A new Income made easy form is required to restart the benefit after the new contract is established.

Will the missed payments be made up when I submit the Income made easy form?

The payments will restart once the form is received in good order. The monthly payment amount will be recalculated based on the guaranteed withdrawal balance (which may include a death benefit step up).

My spouse had an Income Plus for Life rider on their contract. Does the benefit continue on my contract if I choose a spousal continuation?

If the rider was Income Plus for Life, then the rider is an individual benefit that stops at the death of the covered life. If the rider was Income Plus for Life—Joint Life, then the rider would continue to a spouse who was also named as a covered person under the rider.

What should I do if I am signing as a fiduciary?

You will need to provide supporting documentation that substantiates your authority to settle the claim. Additionally, when signing the Annuity claim form as a fiduciary, you must include your title with your signature by checking the applicable box.

* A John Hancock Safe Access Account is not a bank account and is not insured by the FDIC or any other government agency. Guarantees are dependent upon the claims-paying ability of the issuing company. Safe Access Account balances remain in John Hancock's general account and are subject to the claims of our creditors.

Helpful contact information



Regular mail

John Hancock Annuities Service Center
PO Box 55444, Boston, MA 02205-5444

Overnight mail

Annuities Service Center
John Hancock Insurance
372 University Avenue, Suite 55444
Westwood, MA 02090



Phone

877-543-2363

Fax

617-663-3389



Website

Visit the claims page at
johnhancock.com/annuities



Instructional video

View on our claims page referenced above



Comments on taxation are based on John Hancock's understanding of current tax law, which is subject to change. Please consult your own tax professional for guidance specific to your situation. Guarantees are dependent upon John Hancock's claims-paying ability.

John Hancock Life Insurance Company (U.S.A.)

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

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Nonqualified Annuity claim

Before you begin

You may be able to process your claim quickly and easily over the phone through our **Express Claim option**. To be eligible, each individual beneficiary must, at a minimum:

- Be an individual (entity beneficiaries are not eligible).
- Be a U.S. citizen currently living in the United States.
- Be present on the call and have information from the death certificate available.
- Receive a settlement amount of \$100,000 or less.

If you meet these requirements, call us at 877-543-2363.

Instructions for completing this form

Each beneficiary is required to complete this Annuity claim form. Please begin by completing sections 1, 3A **or** 3B, and 4 of this form. Then proceed to complete additional required sections as outlined in section 4. Depending on the settlement option you elect in section 4, you will be required to complete additional sections within this form. You may also be required to complete some of the additional forms enclosed in your claim package.

The value of the death benefit will be determined on the date that John Hancock receives a death certificate and all required claim forms, in good order, from each beneficiary. Death benefits will not be settled until every beneficiary submits all required paperwork. A photocopy of the death certificate is acceptable if the total death benefit of all annuity contracts owned by the deceased is less than \$500,000 and the death certificate was issued in the United States or Canada. **Death certificates will not be returned.**

Contact information

 **Website:**
johnhancock.com/annuities

 **Phone:**
877-543-2363

 **Submission:**
See return instructions at end of this form.

 **Instructional video:**
Visit the claims page at johnhancock.com/annuities to view.



1. Annuity contract information

Contract number _____

Deceased name (First) _____

MI _____

Last _____

Suffix _____

2. 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 in section 3 below, **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.

3. Beneficiary information

Complete **either** section **A** or **B**. Complete section **A only** if the beneficiary claiming the death proceeds is an **individual** (not an entity). Complete section **B only** if the beneficiary claiming the death proceeds is an **entity**.

A. Individual claiming the death benefit proceeds:

Relationship to the deceased: Spouse Nonspouse Former spouse (submit divorce settlement paperwork)

Is the beneficiary a minor? Yes No

If the beneficiary is a minor, is the beneficiary a child of the deceased? Yes No

Beneficiary name (First) _____

MI _____

Last _____

Suffix _____

Gender: Male Female

Social Security number (or TIN) _____

Date of birth (mm/dd/yyyy) _____

Phone number _____

Mobile number See section 2. _____

Email address _____

Address (Street) If mailing to a PO box, a physical address is also required. _____

City _____

State _____

Zip code _____

Country (if outside the U.S.) _____

If you are acting as a fiduciary for the beneficiary, indicate your capacity:

Attorney-in-fact (submit power of attorney)

Legal guardian of a minor's property (submit proof of guardianship)

Other(explain): _____

B. Entity claiming the death benefit proceeds:

Entity name _____

Taxpayer identification number (TIN) _____

Phone number _____

Mobile number See section 2. _____

Email address _____

Address (Street) If mailing to a PO box, a physical address is also required. _____

City _____

State _____

Zip code _____

Country (if outside the U.S.) _____



3. Beneficiary information (continued)

Tax classification for beneficiaries 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
- Estate
- Partnership
- C Corporation
- S Corporation
- LLC taxed as partnership
- LLC taxed as C Corporation
- LLC taxed as S Corporation
- Other (specify, for example, Charity, Qualified retirement plan, Nonprofit): _____

For a single-member limited liability company (LLC) treated as a disregarded entity, please provide below the name, taxpayer identification number (TIN), and tax classification of the owner of the LLC.

Name

TIN

Tax classification

If you are acting as a fiduciary for the beneficiary, indicate your capacity:

- Executor (submit letters testamentary)
- Trustee (submit John Hancock Trustee certification form)
- Other (explain): _____

4. Settlement options

Once you make your selection, it cannot be changed. All options may not be available to all beneficiaries. Refer to the **Explanation of settlement options** in the claim package to determine which options are available to you. Selection of a settlement option must occur within one year from the date of death, otherwise **cash settlement, spousal continuation, or a 5-year settlement account** will be the only available options to choose from.

Select one of the following:

- Cash settlement**—Proceed to complete sections 5, 6, and 10 only.
- Spousal continuation**—Select a maturity date election below and complete only sections 8 and 10 of this form.
Maturity date election (required)—Select one of the options below. Election of a new contract maturity date is required because of a change of the annuitant/co-annuitant. You may elect option A, the maximum maturity age available, or you may elect option B and provide an earlier maturity age.
 - A:** New contract maturity date to be the first of the month following the oldest annuitant/co-annuitant turning age 100
 - B:** New contract maturity date to be the first of the month following the oldest annuitant/co-annuitant turning age: _____

Note: Your contract may contain limits on your ability to defer the date of maturity. John Hancock will provide a written confirmation of the approved date of maturity change to you at the address on file.
- Extended beneficiary account (nonqualified stretch)**—Proceed to complete sections 5, 6, 8, 9, and 10 only.
- 5-year settlement account:**
 - Send no money now. Proceed to complete sections 8 and 10 only.
 - Send \$ _____ or _____% now. Proceed to complete sections 5, 6, 8, and 10 only.
- Annuitization**—Proceed to complete section 10 only. Please contact the annuities service center to obtain an annuitization quote and additional required forms.



5. Payment delivery options

Complete this section only if you elected a cash settlement, an extended beneficiary account (nonqualified stretch), or if you elected to receive money now under the 5-year settlement account option. If you do not select a delivery method, we will default to send a check to the address provided in section 3. If the proceeds exceed \$1 million, you **must** elect electronic funds transfer (EFT) unless John Hancock approves otherwise at their discretion.

Select one of the following:

Option 1: **Electronic funds transfer (EFT)**—The payments will arrive in your financial institution account within 3–5 business days.

U.S. accounts only:

Provide your account information below. Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the beneficiary. We cannot send funds to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the account registration unless there is an indication of their fiduciary status pre-printed on the check from the bank. Example: Jane Smith, POA.

- Checking
- Savings

Beneficiary name		
Address _____		
City, State, Zip code _____	Date _____	
Pay to the order of _____		\$ <input style="width: 50px;" type="text"/>
Financial institution name		
Address _____		
City, State, Zip code _____		
For _____		
i: 1 2 3 4 5 6 7 8 9 i:	0 1 2 3 4 5 6 7 8 9 0 1 2 3 ii:	0 1 2 3
Routing number	Account number	Check number

Names listed on account _____ Account number _____

Financial institution name _____ Routing/ABA number _____

Financial institution address (Street) _____

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

Important: If you are unsure of what financial institution address to provide, please refer to their website or call their customer service center to confirm. If you are unable to provide a voided check, 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 the beneficiary to certify that the information provided is correct.

International accounts only:

- International wire**—Consult with your financial institution for international wire instructions and attach to this form.

Option 2: **Check (default)**—The payments will be in the form of a check and mailed to your address provided in section 3 within 5–7 business days.

Option 3: **John Hancock Safe Access Account**—This option is only available for a cash settlement. By selecting this option, you will receive a full distribution of the death proceeds in the form of a newly established interest-bearing account with a checkbook to withdraw money as you choose. The death benefit must be greater than \$10,000 to elect this method.

Note: John Hancock Safe Access Account is not a bank account and is not insured by the FDIC. Safe Access Accounts are not available to beneficiaries residing in New York, if the beneficiary is a non-U.S. citizen, or if the beneficiary is a corporation, an estate, a minor, or a partnership.



6. Tax withholding

Complete this section only if you elected a cash settlement, an extended beneficiary account (nonqualified stretch), or if you elected to receive money now under the 5-year settlement account option.

A. Federal income tax withholding:

You may elect not to have federal income tax withheld if you are a U.S. person and provide both a taxpayer identifying number and a U.S. residence address. Even if you elect not to have taxes withheld, you are liable for the payment of federal income tax on the taxable portion of your payments. If you do not make payments of estimated tax and do not have enough tax withheld, you may be subject to penalties under the estimated tax rules. If you will receive payments under an extended beneficiary account, your withholding election will remain in effect until revoked and you may revoke your withholding election at any time.

John Hancock will withhold federal income tax at a rate of 10% from the income portion of your distributions unless you elect otherwise below.

- Do not withhold federal income tax.**
- Withhold \$ _____ or _____ % of taxable distribution (if any).** The dollar amount or percent must equal at least 10% of the taxable portion of your withdrawal. If the amount requested is less than 10% of the taxable portion, John Hancock will default to 10%.

i In order to elect out of withholding, you must provide your full Social Security number or taxpayer identification number in section 3 of this form. If you are not a U.S. citizen, U.S. resident alien, or other U.S. person, please read the information in section 7.

B. State income tax withholding:

State income tax withholding may also apply to the taxable portion of your benefit payments. The applicable state withholding rules are outlined below. If you reside in a state that gives you withholding options, you must provide the information or forms requested below. If you do not, we will apply state withholding based on your state's default rules. If you will receive payments under an extended beneficiary account and your state allows you to make a withholding election, the election you make will remain in effect until you notify us to change it. Please note that state income tax applies even if the state allows you to elect out of withholding.

- **If you reside in Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, or Virginia,*** state income tax withholding is required whenever federal income taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your payments. You cannot elect out of state withholding when federal tax is withheld.
 - * **If you reside in Virginia** and you elect out of federal withholding, you are not subject to state withholding. However, state income tax will still apply and you may request that we withhold Virginia income tax on your payments by providing us a completed Form VA-4P. The Virginia form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in Arkansas,** state withholding is required when federal taxes are withheld. We will apply the Arkansas default withholding rate to the taxable portion of your payments. However, you can elect out of Arkansas state withholding by providing us with a completed Form AR4P. The Arkansas form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in California, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey, or New Mexico,** you may elect in or out of state withholding. If you elect to have state tax withheld, you must specify a whole dollar amount of at least \$10 to withhold. We will withhold that amount from each payment. We will not withhold state tax unless you enter an amount below.
 - Do not withhold state income tax.** Withhold \$ _____ (whole dollar amount of at least \$10).
- **If you are an individual residing in Connecticut,** state income tax withholding applies to your payments, and you must provide a completed Connecticut Form CT-W4P. If you do not provide a properly completed Form CT-W4P, we must withhold 6.99% on any payments. The Connecticut form is available in the tax center on our website at johnhancock.com/annuities. However, if you elect to receive a cash settlement, Connecticut withholding at the 6.99% rate is mandatory.
- **If you reside in Michigan,** state tax withholding requirements depend on your age and the amount of the payments; please provide a completed Michigan Form MI W-4P to claim any exemptions. The Michigan form is available in the tax center on our website at johnhancock.com/annuities.
- **If you reside in North Carolina or Oregon,** you may elect to have state tax withheld or not to have state tax withheld. If you elect to have state income tax withheld we will apply the state's default withholding rate.
 - Do not withhold state income tax.** Withhold state income tax.
- **If you reside in Puerto Rico,** we are generally required to withhold 10%.
- **If you reside in Vermont,** state withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.
 - Do not withhold Vermont taxes.**
- **If you reside in Alaska, Arizona, Florida, Hawaii, Kentucky, Mississippi, Nevada, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Washington, Wisconsin, Wyoming, or the District of Columbia,** either your state has no applicable income tax or the state has no provision for withholding on payments from annuity contracts. Therefore, we cannot withhold state tax.
- **If you reside in a state not listed above,** state tax withholding is completely voluntary. If you would like state taxes withheld, please provide a whole dollar amount of at least \$10 or a percentage to be withheld. We will withhold the requested dollar amount or percentage from each payment.
 - Withhold \$ _____ or _____ % for state income tax.



7. Tax withholding for non-U.S. persons

If you are not a U.S. person, the above federal and state withholding rules do not apply.

Instead, we are required to withhold 30% of the taxable portion of your payments, unless your tax residence is in a country that has a tax treaty with the United States and that treaty provides an applicable exemption or reduced withholding rate. To claim the benefit of a tax treaty, you must provide a properly completed IRS Form W-8, which must include the foreign tax identifying number issued by your country of tax residence or an explanation of why you do not have one. If you do not have a foreign tax identifying number, you must include a U.S. taxpayer identification number (TIN) on the Form W-8 to claim treaty benefits. If you do not have a U.S. TIN, you may apply for one by submitting a Form W-7 to the IRS. IRS Forms W-7 and W-8 and their instructions are available on the IRS website at irs.gov.

8. New beneficiary information

Do not complete this section if you elected a cash settlement. Complete this section only if you elected either a spousal continuation, an extended beneficiary account (nonqualified stretch), or a 5-year settlement account. In this section, provide new beneficiary information for your new account.

Please list your primary and/or contingent beneficiaries below.

Percentages for all beneficiaries named in each category (primary and contingent) **must total one-hundred percent (100%)**. Designations given in dollar amounts, fractions, or with more than two decimal places (e.g., 33.333%) will not be accepted. If percentages are not provided, beneficiaries in the same category will share equally in any death benefit payable to them. If the beneficiaries are unable to be shared equally (e.g., 1/3), we will designate the extra rounded percentile to the first listed beneficiary in each class (e.g., 33.34%, 33.33%, 33.33%).

Primary beneficiaries:

1. _____ MI _____ Last _____ Suffix _____
 _____ %
 Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____

 Phone number _____ Email address _____ Relationship to owner _____

 Address (Street) _____

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

2. _____ MI _____ Last _____ Suffix _____
 _____ %
 Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____

 Phone number _____ Email address _____ Relationship to owner _____

 Address (Street) _____

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

3. _____ MI _____ Last _____ Suffix _____
 _____ %
 Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____

 Phone number _____ Email address _____ Relationship to owner _____

 Address (Street) _____

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



8. New beneficiary information (continued)

4. _____ MI _____ Last _____ Suffix _____
Primary beneficiary name (First) _____
Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

Contingent beneficiaries:

1. _____ MI _____ Last _____ Suffix _____
Contingent beneficiary name (First) _____
Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

2. _____ MI _____ Last _____ Suffix _____
Contingent beneficiary name (First) _____
Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

3. _____ MI _____ Last _____ Suffix _____
Contingent beneficiary name (First) _____
Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

4. _____ MI _____ Last _____ Suffix _____
Contingent beneficiary name (First) _____
Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %
Phone number _____ Email address _____ Relationship to owner _____
Address (Street) _____
City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

Note: If you need additional space to identify beneficiaries, please attach a signed and dated letter.

9. Extended beneficiary distribution frequency

Complete this section only if you elected an extended beneficiary account (nonqualified stretch) in section 4. You must elect a distribution frequency. **Distributions must begin within one year from the date of death.** We will calculate the distributions over your life expectancy based on your age. Distributions must continue uninterrupted until all death benefits have been distributed.

Distribution frequency: (select one)

- Monthly (default)
- Quarterly
- Semiannually
- Annually

Distribution start date: _____ (select a day of the month between the 1st and the 28th.)
mm/dd/yyyy

Note: If no distribution date is selected, the distribution date will be the next business day after all claim forms are received in good order.

10. Certification and signatures

All beneficiaries must complete this section. By signing this form, I understand to the best of my knowledge and belief that:

For variable annuity contracts:

- I understand the investment subaccounts will remain in their current allocations until the claim is settled.
- If a **spousal continuation, extended beneficiary account (nonqualified stretch), or 5-year settlement account** was elected in section 4, I understand that the annuity distributions and other values are based on the investment experience of the variable investment options under the contract and are not guaranteed.
- If a **John Hancock Safe Access Account** was elected in section 5, I agree with the terms and conditions set forth in the John Hancock Safe Access Account Supplemental Contract, which together with this Claim form constitute the entire agreement between John Hancock and me.

For all contracts:

- I understand that the contract is not FDIC or SIPC insured.
- I understand that this form is provided at my request and is not to be considered as an admission of the validity of any claim, nor a waiver of any of John Hancock's rights or defenses.
- I understand that any person who, knowingly and with the intent to defraud any insurance company or other persons, 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 subject to criminal prosecution and/or civil penalties. Additionally, I certify that I have read the applicable State fraud warnings at the end of this form.

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.



10. Certification and signatures (continued)

i If you are signing on behalf of an entity or other individual (e.g., Trustee, Power of Attorney, Guardian, Executor), indicate your title by checking the appropriate box below your signature. If a title is not indicated, mandatory tax withholding will apply. In addition, the beneficiary's full Social Security number or taxpayer identification number must be included in section 3 in order for us to process the claim.

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 _____ Date signed (mm/dd/yyyy)

Signature of beneficiary (or fiduciary)

Print name (First) MI Last Suffix

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

SIGN HERE _____ Date signed (mm/dd/yyyy)

Signature of beneficiary (or fiduciary)

Print name (First) MI Last Suffix

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

Additional requirements:

- If your name has changed, provide a marriage certificate, divorce decree, or other legal documentation of a name change.
- If you are signing on behalf of another individual or entity, include any supporting documentation to substantiate your authority.
- If the beneficiary is a trust, you must also complete the Trustee certification form included with the package.
- If there is more than one trustee, all must sign.

Return instructions

Please submit your completed and signed form via one of the following:

Regular mail: John Hancock Annuities Service Center
PO Box 55444, Boston, MA 02205-5444

 **Fax:** 617-663-3389

Overnight mail: Annuities Service Center
John Hancock Insurance
372 University Avenue, Suite 55444, Westwood, MA 02090





State fraud warnings

The following states have specific fraud statutes pertaining to insurance claims. States not listed may also have laws creating penalties for misrepresentation, intentional omissions, or deceptive acts.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form—Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning—It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Illinois: Any person who knowingly presents false information in an application for insurance or a viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky: 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Additional information: If the decedent was a resident of Louisiana at the time of his or her death, the Inheritance Tax Waiver & Consent to Release form is required only when the date of death was prior to July 1, 2004. If the contract is nonqualified, all beneficiaries must submit the form; if the account is qualified, the form is required only if the Estate is the beneficiary.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim or payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Warning—Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent act, which is a crime.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Additional Information: If the decedent was a resident of Rhode Island at the time of his or her death, the Company must notify the Rhode Island Tax Administrator of payments to be made by reason of his or her death if such payments add up to \$50,000 or more.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

All other states: Any person who knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and/or civil penalties.



Trustee certification

Instructions for completing this form

This form must be completed and submitted with the Annuity claim form if the beneficiary(ies) claiming the proceeds of the annuity is a trust. Please refer to the return instructions on that form.

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 that 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 that would cause the representations contained in this certification to be or become inaccurate or incorrect, or of the occurrence of any event that 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 in its capacity as beneficiary of the annuity contract.

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.

1. Trust information

Contract number _____ 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, you 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.**

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

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

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

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





Transfer authorization agreement

Before you begin

You can also complete this form entirely online.

- Visit the forms page at johnhancock.com/annuities.
- Find the Transfer authorization agreement form.
- Click the link to submit online and follow the step-by-step instructions.

Important information

Use this form to authorize the contract owners and if applicable, the financial professional of record and their administrative staff on behalf of the financial professional to make transfers over the phone or by online or written request among various investment options within the listed variable annuity contract. **Please use a separate form for requests on any additional contracts.**

Contact information

 **Website:**
johnhancock.com/annuities

 **Phone:**
800-344-1029

 **Submission:**
See return instructions at end of this form.

1. Contract information

Contract number

Owner information:

Owner 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.) _____

Check here if address provided is permanent address change for your annuity contracts.

Financial professional name (if applicable) (First) _____ MI _____ Last _____ Phone number _____

Co-owner information (if applicable):

Co-owner 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. Agreement

Please note the following:

- For your protection, phone conversations are recorded at the time of the call.
- Transfer instructions received by John Hancock before 4:00 P.M., Eastern time¹ will be made in accordance with the unit value for that day. Transfer instructions received after 4:00 P.M., Eastern time¹ will be made in accordance with the unit value for the next valuation period. Only one set of transfer instructions will be accepted per valuation period.
- Transfer instructions may be given by logging into your account at johnhancock.com/annuities,² by calling 800-344-1029 on regular business days, or by submitting a written request.
- At the time transfer instructions are given, the intention for the instructions to apply to future payment allocations must be confirmed.
- In the event that proper identification is not provided, John Hancock reserves the right to refuse to act on transfer instructions.
- All transfer instructions received must be within the terms of the contract and be sufficiently complete and clear that we do not need to exercise any discretion to follow them (i.e., in good order).

3. Signatures and authorizations

I authorize John Hancock to act on transfer instructions given over the phone or by online or written request by:

- Option 1 (default)**—The owner and co-owner (if applicable).
- Option 2**—The owner and co-owner (if applicable) and the financial professional of record and their administrative staff on behalf of the financial professional.

I understand and agree to the following:

This authorization will remain in effect until the following: there is an ownership change; John Hancock receives a written notice from me, via either letter or fax, requesting to discontinue, and John Hancock has had a reasonable chance to act upon such notice; or until John Hancock discontinues transfer instructions by phone, online, or any other means. Neither John Hancock nor any person authorized by John Hancock will be responsible for any claim, loss, liability, or expense in connection with a transfer if John Hancock or such other person acted on transfer instructions in good faith in reliance on this authorization. **By signing below, I agree to accept and comply with the procedures established by John Hancock.**

SIGN HERE _____
 Signature of owner (or fiduciary) Date signed (mm/dd/yyyy)

SIGN HERE _____
 Signature of co-owner (or fiduciary) (if applicable) Date signed (mm/dd/yyyy)

Return instructions

Please submit your completed and signed form via one of the following:

- | | | |
|---|---|---|
| <p><input checked="" type="checkbox"/> National contracts:
 John Hancock Annuities Service Center
 PO Box 55444
 Boston, MA 02205-5444</p> | <p>New York contracts:
 John Hancock Annuities Service Center
 PO Box 55445
 Boston, MA 02205-5445</p> | <p>All overnight mail:
 Annuities Service Center
 John Hancock Insurance
 372 University Avenue, Suite 55444
 Westwood, MA 02090</p> |
|---|---|---|

 **Register online:**
 Go to johnhancock.com/annuities to create an online account and gain access to contract-specific details and self-service tools. Once registered, select to receive your contract documents electronically under your Paperless settings.

1 Or the closing of the NYSE, whichever is earlier.
 2 Some products and broker-dealers do not allow online transfer instructions.





John Hancock Safe Access Account

A claim settlement option that offers you the time to make a carefully planned financial decision

As a beneficiary of a John Hancock policy, the proceeds payable to you may be deposited into a John Hancock Safe Access Account.² A Safe Access Account is an interest-bearing draft account that is fully guaranteed by John Hancock.³

Current interest rate

1.50%¹

You can choose to write a draft immediately after your proceeds are deposited into the account for the entire account balance, or write drafts as needed, without any fees or penalties. With a John Hancock Safe Access Account,⁴ your money is easily accessible, while earning interest.

A John Hancock Safe Access Account offers:



Accessibility

Gain immediate access to your funds as soon as your proceeds are deposited.



Convenience

Write a draft from your account draft book whenever you need to access your funds.



Flexibility

Write drafts at any time for any amount up to your entire account balance.



Value

Receive drafts, draft processing, and quarterly statements with no service charges.



Growth

Earn a variable interest rate that reflects current economic factors and trends.

Consider a John Hancock Safe Access Account so you don't have to rush an important decision. **Call 800-248-6110 for more details.**

¹ The current interest rate applied to all funds in a John Hancock Safe Access Account is 1.50%. Interest is compounded daily and paid monthly, which is equivalent to an annual percentage yield of 1.50%. The interest rate earned on deposits into a John Hancock Safe Access Account may vary and is based on portfolio experience and a review of comparable interest rates in the open market. There is no minimum interest rate and it is subject to change. Check your quarterly statement for the current rate.

² For more information on other payment options available, please call 800-248-6110. Please note a John Hancock Safe Access Account is not available for policies issued in the state of New York or to beneficiaries residing in New York.

³ A John Hancock Safe Access Account is not a bank account and is not insured by the FDIC or other governmental agency. The guarantees are backed by the claims-paying ability of John Hancock. Safe Access Account balances remain in John Hancock's general account and are subject to the claims of the company's creditors. Additional protection is afforded by State Guaranty Associations. For information about coverage limitations in your state, contact the National Organization of Life and Health Insurance Guaranty Associations at nolhga.com.

⁴ There is no tax deferral on death proceeds paid into a Safe Access Account. If the original contract was an annuity, you must include in your current gross income the portion of the death proceeds that represents the gain in that contract. Although death benefits paid from a life insurance contract are generally not included in income, under some circumstances all or a portion of those benefits may be taxable. In addition, if the contract was a tax-qualified contract, you lose the ability to do a direct rollover or trustee-to-trustee transfer when the proceeds are applied to a Safe Access Account.

Supplemental contract

This agreement is between you and John Hancock. The entire contract consists of your completed Claim form along with the terms and conditions set forth in this supplemental contract.

You have the right to receive a lump-sum payment in the form of a check. Also, other claim settlement options may be available depending on the terms of the policy or annuity contract. To receive a lump sum by check or to inquire whether other settlement options are available, contact your local John Hancock representative or call the number listed in your claim or surrender form.

Terms and conditions

Your **John Hancock Safe Access Account** is an interest-bearing account accessible via drafts. A John Hancock Safe Access Account is not a bank account and **is not insured by the FDIC. Safe Access Account balances remain in John Hancock's general account and are subject to the claims of our creditors. However, protection may be afforded by the State Guaranty Associations.**

For information about coverage limitations in your state, contact the National Organization of Life and Health Insurance Guaranty Associations at nolhga.com. **John Hancock accomplishes payment of the full benefit amount by depositing the proceeds payable to you into an account and by sending you a draft book. John Hancock or one of its affiliates may receive a benefit from all amounts left in the Safe Access Account after covering program expenses. Safe Access Account balances remain in John Hancock's general account and are subject to the claims of our creditors.**

Interest: (1) Interest rate—Interest is earned on the proceeds in your John Hancock Safe Access Account from the date your account is opened until the date drafts are cleared. Your balance will earn interest at a rate determined by John Hancock, which is subject to change. We will calculate your interest based on the balance in your account at the end of each day. **(2) Crediting interest**—The interest you earn will be compounded daily and credited to your account monthly. This interest will be available for withdrawal on the day after it has been credited.

Minimum balance requirements: If the balance in your account falls below \$1,000, your account will be closed. The balance in the account will be sent to you, together with any interest earned.

Accessing funds: You may access funds in your account at any time by writing a draft for any amount up to the entire account balance, including interest. Drafts drawn on your John Hancock Safe Access Account are payable through The Bank of New York Mellon, Pittsburgh, PA and clear through Federal Reserve Banks or other channels. A draft that exceeds the funds available in your account will not be paid and you may be subject to a returned draft fee (see Special fees below).

Account statements: An account statement will be mailed to you each quarter showing your account balance, account activity, interest earned, and the current interest rate. If you have activity other than interest in any given month, you will receive a statement for that month. You can also view your account transactions online at johnhancock.com/saa. Canceled drafts are not returned with your account statement but are available upon request.

Special fees: Except for the special fees described below, drafts and draft services are provided to you at no charge. Your account will be charged the special fees in the following situations:

- (1) \$10.00 for each draft returned by the bank as unpaid, e.g., insufficient funds.
- (2) \$12.00 for each stop payment order.

Deposits: No deposits can be made into your account.

Beneficiary designation: You may name a beneficiary to whom the money in this account will be paid in the event of your death. If you choose not to name a beneficiary, the balance will be paid to your estate. You may wish to consult with your own tax professional regarding your beneficiary designation(s).

Ownership rights: You are the owner of this account. The owner alone has the right to write drafts against the account balance and to exercise all the rights and privileges provided by this account or allowed by John Hancock. John Hancock may permit the owner to designate one or more attorneys-in-fact to act in place and stead of the owner by submitting an appropriate form of power of attorney. John Hancock assumes no responsibility or liability for any act or omission by the owner or their attorneys-in-fact.

How to order additional personalized drafts: Should you require additional drafts, please use the form contained in your draft book or call us at **800-248-6110**. Additional drafts will be sent to you at no cost.

Tax reporting: We will issue an IRS Form 1099-R to report the portion of the death proceeds includible in income. Thereafter, IRS Form 1099-INT showing the amount of interest earned on your account will be mailed to you annually. You should consult with your own tax professional if you have any questions regarding taxation of the interest earned.

Assignability restriction: The funds available through this account cannot be assigned or used as collateral. Any attempted assignment will not be binding on John Hancock, its service providers, The Bank of New York Mellon, or any of their successors.

Account closure: If you wish to close your account, you may simply write a draft for your remaining balance and deposit it into your regular bank account, or send a signed request to:

**John Hancock Safe Access Accounts
PO Box 55979
Boston, MA 02205-5979**

We will mail you a check for the balance, including any accrued interest remaining in your account.

Inactivity: If there is no activity on your account after three years, John Hancock will consider your account inactive and will attempt to contact you at least one time by letter. If John Hancock's attempts to contact you are not successful, we may be required by law to ultimately escheat any balance in your John Hancock Safe Access Account to the state treasurer of your state of residence.

To obtain more information: You can call us at **800-248-6110** or visit johnhancock.com/saa.

For further information, please contact the department of business regulation. John Hancock reserves the right to make changes in the terms and conditions of this account. Notice of such changes will be furnished to each account holder.



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