



Change of broker-dealer of record

Important information

Use this form if you are a financial professional and wish to change your broker-dealer of record with John Hancock annuity contracts. This change will be effective once we receive it and deem it to be in good order.

Contact information

Website:
johnhancock.com/annuities

Phone: 800-344-1029
TTY: 800-555-1158

Mail:
See return instructions at end of this form.

1. Financial professional information

Financial professional name (First) MI Last Title

Phone number Email address

Address (Street)

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

2. Broker-dealer information

Releasing broker-dealer information:

Releasing broker-dealer name

Agent/split ID Branch phone number Email address

Address (Street)

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

Accepting broker-dealer information:

Accepting broker-dealer name

Agent/split ID Branch phone number Email address

Address (Street)

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



3. Signatures and authorizations

By signing below, I understand that commission options for annuity contracts were elected by the original selling firm at the time of issue and are irrevocable. Service fees are paid on contracts that change the broker-dealer of record. Service fees may differ from original commission percentages.

Pursuant to the FINRA Memorandum dated 12-8-2004, providing additional guidance to NTM 04-72 (October 2004), the releasing broker-dealer will not provide the same services to the client account that the financial professional previously performed, thereby "abandoning" the client account. The accepting broker-dealer is willing to service these accounts to avoid them from becoming abandoned. This authorization certifies that the client has been notified to the change of the broker-dealer of record using negative response letters consistent with the just and equitable principles of trade under rule 2110, with adequate time and information to decide whether to object to the transfer.

SIGN HERE _____
Signature of financial professional _____ Date signed (mm/dd/yyyy)

SIGN HERE _____
Signature of authorized officer of releasing broker-dealer _____ Date signed (mm/dd/yyyy)


Print name (First) MI Last Title

SIGN HERE _____
Signature of authorized officer of accepting broker-dealer _____ Date signed (mm/dd/yyyy)

Print name (First) MI Last Title

Return instructions

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

 **Email:** commissionsandlicensingteam@jhancock.com

 **National contracts:**
John Hancock Annuities Service Center
PO Box 55444
Boston, MA 02205-5444

New York contracts:
John Hancock Annuities Service Center
PO Box 55445
Boston, MA 02205-5445

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

