



GRIP rider annual step-up election

Before you begin

You can also complete this form entirely online:




- Visit the forms page at johnhancock.com/annuities.
- Click to view the additional forms PDF at the bottom of the page.
- Find the GRIP rider annual step-up election form in the "Rider authorization" section.
- Click the link to submit online and follow the step-by-step instructions.

Important information

Use this form to step up the income base associated with your Guaranteed Retirement Income Program (GRIP) to match your contract anniversary value. You can only step up if the contract anniversary value is higher than your income base.

Note: This form must be received within 30 days of your contract anniversary date.

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)

Social Security number (or TIN) 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)

Social Security number (or TIN) Phone number Email address

Address (Street)

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

2. Step-up benefit

Stepping up will extend your earliest election date by 7 years.

If your contract value is higher than the income base associated with your GRIP, you have the opportunity to step up your income base to match the anniversary contract value. Doing so will provide you with a higher guaranteed income amount at annuitization. Please remember that the contract value that will be applied is based on your contract anniversary. This form must be completed and received in good order at our service office no later than 30 days from your contract anniversary date if you choose to step up.



3. Signatures and authorizations

By signing below, I choose to step up my GRIP income base benefit. Furthermore, I understand that the annual fee of 0.25% will be charged based on the stepped-up income base. This fee is charged on each contract anniversary for the previous year, or upon full withdrawal.

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.

Tax classification for contract owners that are not individuals:

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, provide below the name, taxpayer identification number (TIN) and tax classification of the owner of the LLC.

Name

TIN

Tax classification



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. If a title is not indicated or the owner's full Social Security number or taxpayer identification number is not included in section 1 of this form, mandatory tax withholding rules will apply unless we already have a completed IRS Form W-9 or applicable substitute on file with us.

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

Signature of owner (or fiduciary)

Date signed (mm/dd/yyyy)

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

SIGN
HERE

Signature of co-owner (or fiduciary) (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 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

**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.

