



Designation/change of beneficiary form

Fixed Products

Before you begin


Use this form to add or change a beneficiary on your group annuity contract.


You can also complete this form entirely online.


- Visit the Forms Center on www.jhgroupannuities.com.
- Find the Designation/change of beneficiary form.
- Click the green "Submit Online" button.
- Follow the step-by-step instructions.

Contact us

 **Website**
www.jhgroupannuities.com

 **Phone**
1-800-624-5155
Weekdays 8 a.m. to 5 p.m. ET

 **Fax**
1-617-572-0355

 **Return instructions**
See the end of this document for return instructions.

1. Contract information

Customer/ID number _____ Group annuity contract number _____

Payee'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 _____

2. Beneficiary designations (required)

Please list your primary and/or contingent beneficiary(ies) 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 beneficiary(ies)

1. _____
Primary beneficiary's name (First) _____ MI _____ Last _____

_____ %
Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____

_____ Relationship to owner
Phone number _____ Email _____

Address (Street) _____

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

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

2. Beneficiary designations (required) (continued)

2. _____
 Primary beneficiary's name (First) _____ MI _____ Last _____

_____ %
 Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____

_____ %
 Phone number _____ Email _____ Relationship to owner _____

_____ %
 Address (Street) _____

_____ %
 City _____ State or country (if outside the U.S.) _____ Zip code _____

3. _____
 Primary beneficiary's name (First) _____ MI _____ Last _____

_____ %
 Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____

_____ %
 Phone number _____ Email _____ Relationship to owner _____

_____ %
 Address (Street) _____

_____ %
 City _____ State or country (if outside the U.S.) _____ Zip code _____

4. _____
 Primary beneficiary's name (First) _____ MI _____ Last _____

_____ %
 Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____

_____ %
 Phone number _____ Email _____ Relationship to owner _____

_____ %
 Address (Street) _____

_____ %
 City _____ State or country (if outside the U.S.) _____ Zip code _____

5. _____
 Primary beneficiary's name (First) _____ MI _____ Last _____

_____ %
 Social Security number (or TIN) _____ Date of birth (MM/DD/YYYY) _____ Percentage of proceeds _____

_____ %
 Phone number _____ Email _____ Relationship to owner _____

_____ %
 Address (Street) _____

_____ %
 City _____ State or country (if outside the U.S.) _____ Zip code _____

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

2. Beneficiary designations (required) (continued)**Contingent beneficiary(ies)**

1. _____
Contingent beneficiary's name (First) MI Last

Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
Percentage of proceeds

Phone number Email Relationship to owner

Address (Street)

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

2. _____
Contingent beneficiary's name (First) MI Last

Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
Percentage of proceeds

Phone number Email Relationship to owner

Address (Street)

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

3. _____
Contingent beneficiary's name (First) MI Last

Social Security number (or TIN) Date of birth (MM/DD/YYYY) _____ %
Percentage of proceeds

Phone number Email Relationship to owner

Address (Street)

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

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

3. Signature and authorization

By signing below, I request John Hancock make the above changes to the specified contract, and I agree to submit additional information upon request if such information, in the discretion of John Hancock, is necessary to implement the changes on this form. I also understand that the instructions on this form are subject to the terms and conditions of the contract. I hereby revoke all previous beneficiary designations under the above contract number.

SIGN
HERE

Signature of payee Today's date (MM/DD/YYYY)


Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

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

Submission instructions

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

Regular mail Fixed Products Administration
PO Box 55446, Boston, MA 02205-5446

 **Fax** 1-617-572-0355

Overnight mail Fixed Products Administration
John Hancock Insurance
410 University Avenue, Suite 55446, Westwood, MA 02090