



# 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](http://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](http://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 \_\_\_\_\_ %

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)

2. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 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)

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

3. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 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)

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

4. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 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)

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

5. \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 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)

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

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