



# Electronic fund transfer (EFT)

Fixed Products

## Before you begin

### Update your banking instructions over the phone.

You can call us at 1-800-624-5155 to elect how you want to receive your payments. Representatives are available weekdays between 8 a.m. and 5 p.m. Eastern Time.

**Note:** Must meet eligibility requirements. Not all financial institutions are eligible.

### You can also complete this form entirely online.


- Visit the Forms tab on [www.jhgroupannuities.com](http://www.jhgroupannuities.com).
- Find the Electronic fund transfer (EFT) form.
- Click the green "Submit Online" button.
- Follow the step-by-step instructions.


## Important information


### Use this form to authorize John Hancock to electronically deposit benefits payable to you under a group annuity contract into the financial account of your choice.


- Adding or changing your direct deposit information below may not be immediately reflected in your next payment. Changes can take up to two payment cycles to take effect.
- This form will not be processed unless you return all pages, **and** pages 2 and 3 have been properly signed and dated.

## 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. Payee information

Customer/ID number

Group annuity contract number

Payee's name (First)

MI

Last

Date of birth (MM/DD/YYYY)

Phone number

Email address

Address (Street)

City

State or country (if outside the U.S.)

Zip code

Customer/ID number: \_\_\_\_\_

## 2. Financial institution information

The financial institution (bank, savings and loan, or credit union) you elect to receive electronic deposits must be a member of the automated clearing house ("ACH") network. Please contact your financial institution if you are unsure that it is a part of the ACH network.

**Note:** Section 3 must also be completed if the account is trust-owned.

**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 payee. We cannot send funds to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the bank registration unless there is an indication of their fiduciary status pre-printed on the check from the bank. Example: Jane Smith, POA.

☐ Checking

☐ Savings

<b>Payee's name</b>		
Address _____		
City, State, Zip code _____	Date _____	
Pay to the order of _____	\$ _____	
<b>Bank name</b>		
Address _____		
City, State, Zip code _____		
<b>For</b>		
⑆123456789⑆	01234567890123⑆	0123
Bank routing number	Bank account number	Check number

**Important:** If you are unable to provide a voided check, please 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 owner(s) of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all payees to certify that the information provided is correct.

### Please provide the following information:

Financial institution _____	Routing/ABA number _____
Name(s) listed on account _____	Account number _____
Address (Street) _____	
City _____	State or country (if outside the U.S.) _____
Zip code _____	

## 3. Trust account acknowledgment (for group annuity pension plans only)

Complete this section **only** if benefits are payable to you under a group annuity pension plan and will be deposited to a trust-owned account. Please carefully review and complete the following payee acknowledgment and have the trust's trustee(s) review and complete the trustee acknowledgment.

**Note:** You may stop or modify the electronic deposit at any time without notice to or approval by the trustee(s).

### Payee acknowledgment

Trust name: \_\_\_\_\_

I, \_\_\_\_\_ do hereby state that:  
Payee's name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

- I understand that the option to electronically deposit the benefits payable to me under the group annuity contract referenced on this form to a trust-owned account is provided as a courtesy for my convenience and does **not** constitute an assignment or termination of my rights to receive benefits under the contract or to name a beneficiary for any benefits payable under the contract after my death.
- I understand that I retain full rights to such benefits and may stop or modify the electronic deposit at any time without notice to or approval by the above named trust.
- I understand that I am responsible for any income taxes due on the taxable portion of benefits electronically deposited into a trust-owned account at my direction.
- I hereby agree to release, hold harmless and indemnify John Hancock Life Insurance Company (U.S.A.) from and for any and all liability related to the representations contained on this form, including but not limited to, liability to interested persons under the above-named trust.

<b>SIGN HERE</b>	_____	_____
Signature of payee		Today's date (MM/DD/YYYY)

**3. Trust accounts (for group annuity pension plans only) (continued)****Trustee(s) acknowledgment**

I, as the trustee of the above-named trust, do hereby state:

- I understand that an electronic deposit of proceeds from a John Hancock qualified group annuity contract to a trust-owned account does **not** constitute an assignment or termination of the payee's rights to receive benefits under the contract. I understand that the payee may stop or modify the electronic deposit at any time without notice to or approval of the trustee.
- I, in my capacity as trustee, agree to notify John Hancock upon the death of the payee and agree to refund John Hancock any payments that are made to the trust-owned account identified above following the payee's death or ineligibility. I understand that the trust may be liable for the amount of all benefit or survivor benefit payments with due dates after the death of the payee.
- I hereby agree to release, hold harmless and indemnify John Hancock from and for any and all liability related to the representations contained on this form, including but not limited to, liability to interested persons under the trust.

**SIGN  
HERE**\_\_\_\_\_  
Signature of trustee\_\_\_\_\_  
Today's date (MM/DD/YYYY)**SIGN  
HERE**\_\_\_\_\_  
Signature of additional trustee (if applicable)\_\_\_\_\_  
Today's date (MM/DD/YYYY)**4. Signatures and authorizations****EFT authorization**

I hereby authorize John Hancock Life Insurance Company (U.S.A.) ("John Hancock") to deposit annuity payments directly to my bank, savings and loan, or credit union ("financial institution") account, as indicated on this form. I authorize the financial institution identified on this form to accept such credit entries from John Hancock, and to credit my account at that financial institution in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution designated on this form to debit my account and refund such amount to John Hancock. I agree to direct my joint account owners, executor, administrators, or assignees to refund to John Hancock any payments that are made following my death so that they may be redistributed to my beneficiary(ies) or contingent annuitant(s), if applicable. I agree to hold John Hancock harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account.

I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my bank account, as a result of mistake or otherwise, shall not subject John Hancock to any liability in excess of that owed to me under the applicable annuity contract. I understand that John Hancock is relying on the information that I have provided on this form, and further understand that John Hancock will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

If the financial institution account identified on this form is jointly owned, this authorization will not be effective without the signature of the joint bank account owner below.

**Joint account owner EFT authorization**

I agree to notify John Hancock upon the death of the payee and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form following the payee's death or ineligibility. I understand that I may be personally liable, both individually and as a joint owner of the account identified on this form, for the amount of all benefit or survivor benefit payments with due dates after the death of the payee. If I am entitled to any benefit from the applicable annuity contract as a beneficiary or contingent annuitant of the payee, the amount of my liabilities may be deducted from the amount payable to me.

**By signing this form, I am providing written permission for John Hancock Life Insurance Company (U.S.A.) to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such report.**

**SIGN  
HERE**\_\_\_\_\_  
Signature of payee\_\_\_\_\_  
Today's date (MM/DD/YYYY)**EFT authorization for joint bank account owner****SIGN  
HERE**\_\_\_\_\_  
Signature of joint bank account owner (if any)\_\_\_\_\_  
Today's date (MM/DD/YYYY)

## 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