



# Change of address

Structured Settlements

## Before you begin


You can also complete this form entirely online.


- Visit the Help center tab on [www.johnhancock.com](http://www.johnhancock.com).
- Click the "Find a form" button.
- Select Structured Settlements under the "Show me" dropdown.
- Find the Change of address form (electronic submission).
- Click the link and follow the step-by-step instructions.


## Important information


Use this form to make an address change on your John Hancock structured settlement contract.

## Contact us

 **Website**  
[www.johnhancock.com](http://www.johnhancock.com)

 **Phone**  
1-866-275-5477  
Weekdays 9 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

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. New address information

Please check the appropriate box(es) that apply:

- Home address (legal residence)
- Check payment mailing address

Name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Effective change date (MM/DD/YYYY) \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street)  Please check if the address provided is a permanent address change for all your annuity contract(s).

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

**3. Signature and authorization**

By signing below, I request that 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.

SIGN  
HERE\_\_\_\_\_  
Signature of payee\_\_\_\_\_  
Today's date (MM/DD/YYYY)**Submission instructions**

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

- |                                     |                       |   |   |                           |
|-------------------------------------|-----------------------|---|---|---------------------------|
| <input checked="" type="checkbox"/> | <b>Regular mail</b>   | John Hancock Structured Settlements<br>PO Box 55446, Boston, MA 02205-5446  |  | <b>Fax</b> 1-617-572-0355 |
| <input type="checkbox"/>            | <b>Overnight mail</b> | John Hancock Structured Settlements<br>John Hancock Insurance<br>410 University Avenue, Suite 55446, Westwood, MA 02090 |   |                           |