



Electronic fund transfer (EFT)

Structured Settlements

Before you begin

You can also complete this form entirely online.


- Visit the Help center tab on www.johnhancock.com.
- Click the "Find a form" button.
- Select Structured Settlements under the "Show me" dropdown.
- Find the Electronic fund transfer (EFT) form (Electronic Submission).
- Click the link and follow the step-by-step instructions.


Important information


Use this form to authorize John Hancock to electronically deposit proceeds from your structured settlement 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 both pages, and page 3 has been properly signed and dated.

Contact us

 **Website**
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) 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

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.

Send the payments to my checking or savings account:

Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. 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

Owner's name		
Address _____		
City, State, Zip code _____		Date _____
Pay to the order of _____		\$ <input type="text"/>
Bank name		
Address _____		
City, State, Zip code _____		
For		
⑆1 2 3 4 5 6 7 8 9 ⑆	0 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆	0 1 2 3
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 also complete the following information below.

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

3. 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 contract owner and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form following the contract owner'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 contract owner. If I am entitled to any benefit from the applicable annuity contract as a beneficiary or contingent annuitant of the contract owner, the amount of my liabilities may be deducted from the amount payable to me.

3. Signatures and authorizations (continued)


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:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Regular mail

<input type="checkbox"/> Overnight mail | John Hancock Structured Settlements
PO Box 55446, Boston, MA 02205-5446

John Hancock Structured Settlements
John Hancock Insurance
410 University Avenue, Suite 55446, Westwood, MA 02090 |  Fax 1-617-572-0355 |
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