



Verification of income

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 Verification of income form (electronic submission).
- Click the link and follow the step-by-step instructions.


Important information


Use this form to request a verification of your benefits under your John Hancock structured settlement contract.


This form will not be processed unless it 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

2. Delivery instructions

Select one of the following methods for which you would like to receive your benefit information.

Mail to the following address:

Name (First) MI Last

Address (Street)

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

Fax to the following information:

Attention to Fax number

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 authorize John Hancock to send benefit information via the delivery instructions noted above and I agree to submit additional information upon request, at the discretion of John Hancock. 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:

 Regular mail

John Hancock Structured Settlements
PO Box 55446, Boston, MA 02205-5446

**Fax** 1-617-572-0355**Overnight mail**

John Hancock Structured Settlements
John Hancock Insurance
410 University Avenue, Suite 55446, Westwood, MA 02090