



Change of address or name

Important information

Use this form to make address and name changes to a John Hancock variable or fixed annuity contract. No change will be effective unless it is received and acknowledged by us in writing. If you do not receive an acknowledgment within fifteen calendar days from submission of this form, please contact us at 1-800-344-1029 to ensure your request was received. To make a change to the contract owner or beneficiaries, please use our Change of owner or beneficiary form (1307217).

Instructions for completing this form

Section 1: Current owner information

Complete all information requested for the owner and co-owner (if applicable).

Section 2: Address change

Complete this section to change the mailing address of the contract owner(s) and/or annuitant.

Section 3: Name change

Complete this section to change the legal name of a contract owner(s) and/or annuitant(s) (divorce, marriage, etc.). It is the taxpayer's responsibility to update their name with the federal tax authorities. For individual taxpayers, contact the Social Security Administration. For entities, contact the IRS.


Section 4: Signatures and authorizations


All owners must sign. If the contract is owned by a trust, all trustees must sign. If the contract is owned by a corporation, all required representatives must sign, and a corporate resolution (or similar document), showing who has signatory authority, must be attached to this form.


- **Power of attorney:** If this form is signed by an attorney-in-fact or agent appointed in a power of attorney, a complete copy of the power of attorney must be attached to this form (unless previously submitted). John Hancock reserves the right to request proof that the power of attorney is valid and that the principal is alive before making any contract changes.
- **Guardians and conservators:** If this form is signed by the guardian or conservator, a complete copy of the court appointment must be attached to this form. John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect before making any contract changes.
- **Medallion Signature Guarantee (MSG):** An MSG is required on this form if a signed contract application (or "confirmation of application") is not on file at John Hancock. MSGs may be obtained at many banks, credit unions or brokerage firms. If an MSG is required on this form, an original must be submitted and facsimiles will not be accepted.

Contact us

 **Website**
www.jhannuities.com

 **Phone**
1-800-344-1029
Weekdays 8 a.m. to 6 p.m. ET

 **Fax**
1-617-663-3160

 **Return instructions**
See the end of this document for return instructions.

1. Current owner information

Contract owner information

Contract number

Owner's name (or custodian's name, if applicable) (First) MI Last

Social Security number (or TIN) 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

Financial representative's name (if applicable) (First) MI Last Phone number

Co-owner information (if applicable)

Co-owner's name (First) MI Last

Social Security number (or TIN) 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

Tax classification for contract owners that are not individuals

Please check the appropriate box below to indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- Trust Estate Partnership C Corporation
 S Corporation LLC taxed as partnership LLC taxed as C Corporation LLC taxed as S Corporation
 Other (please specify, for example, Charity, Qualified Retirement Plan, Non-Profit) _____

For a single-member limited liability company (LLC) treated as a disregarded entity, please provide below the name, Taxpayer Identification Number (TIN) and tax classification of the owner of the LLC.

Name

TIN Tax classification

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. Address change**Select only one:**

- Owner or co-owner
 Annuitant
 Owner or co-owner and annuitant

Please change the address on the above contract to the following:

 Name of individual changing address (First) MI Last

 New address (Street)

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

3. Name change**Select only one:**

- Owner or co-owner
 Annuitant
 Owner or co-owner and annuitant

Change is due to: (select only one)

- Marital status has changed from single to married (attach copy of marriage license)
 Marital status has changed due to a divorce (attach copy of divorce decree)
 Other _____ (attach copy of any court order)

**SIGN
HERE**

 Signature of prior name Date of signature (MM/DD/YYYY)

 Print prior name (First) MI Last

**SIGN
HERE**

 Signature of new name Date of signature (MM/DD/YYYY)

 Print new name (First) MI Last

4. Signatures and authorizations

I/We request John Hancock make the above changes to the specified contract, and I/we 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/We also understand that the instructions on this form are subject to the terms and conditions of the contract (and prospectus, if applicable).

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification instructions: You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

- I am subject to backup withholding as a result of a failure to report all interest and dividends.

4. Signatures and authorizations (continued)

i If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (“POA”), Guardian), please indicate your title by checking the appropriate box below your signature. If a title is not indicated or the owner’s full Social Security number or Taxpayer Identification Number is not included in section 1 of this form, mandatory tax withholding will apply to future distributions unless we already have a completed IRS Form W-9 or applicable substitute on file with us. To be effective, any Form W-9 or substitute must have the new name (if any) listed in section 3 of this form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

SIGN HERE

Signature of owner (or fiduciary) _____
Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

SIGN HERE

Signature of co-owner (or fiduciary) (if applicable) _____
Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

Medallion Signature Guarantee

Medallion Signature Guarantee

Place Medallion Signature Guarantee stamp in above box (if applicable)
Must be original and cannot be faxed.


i **FOR JOHN HANCOCK USE ONLY.**

Verification

Verification

Submission instructions

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

- | | |
|---|--|
| <p><input checked="" type="checkbox"/> National contracts John Hancock Annuities Service Center
PO Box 55444, Boston, MA 02205-5444</p> <p>New York contracts John Hancock Annuities Service Center
PO Box 55445, Boston, MA 02205-5445</p> <p>All overnight mail Annuities Service Center
John Hancock Insurance
410 University Avenue, Suite 55444, Westwood, MA 02090</p> | <p> Fax 1-617-663-3160</p> |
|---|--|

Register online
Create an online account and gain access to secure self-service tools and contract-specific details. Visit www.jhannuities.com and click on the “Register Now” link in the upper right-hand corner to register. Once registered, enroll in eDelivery to receive your contract documents electronically.

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