

Change of address or name

Important information

Use this form to make address and name changes to a John Hancock 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 15 calendar days from submission of this form, please contact us at 800-344-1029 to ensure your request was received. To make a change to the contract owner or beneficiaries, use our Change of owner or beneficiary form (1307217).

Instructions for completing this form

Section 1: Current contract information

Complete all information requested for the contract.

Section 2: Address change

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

Note: If state income taxes are being withheld from recurring payments under this contract, John Hancock will cease withholding for that state after receiving notice of a change in the taxpayer's state of residence. Ongoing payments will be subject to the withholding rules, if any, imposed by the taxpayer's new state of residence. If the new state grants residents the right to make withholding elections, the taxpayer must submit a valid withholding election to John Hancock in order to exercise that right.

Section 3: Name change

Complete this section to change the legal name of a contract owner and/or annuitant due to 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 a 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.

Contact information



Website:

johnhancock.com/annuities



Phone:

800-344-1029



Submission:

See return instructions at end of this form.





Change of address or name

1. Contract information					
Contract number					
Owner information:					
Owner name (First)		MI	Last		Date of birth (mm/dd/yyyy)
Phone number	Email address				
Address (Street)					
City Check here if address provided	State is permanent address change	for your ann	uity contracts.	Zip code	Country (if outside the U.S.)
Financial professional name (if	fapplicable) (First)	MI	 Last		Phone number
Co-owner information (if	fapplicable):				
Co-owner name (First)		MI	Last		Date of birth (mm/dd/yyyy)
Phone number	Email address				
Address (Street)					
City	State			Zip code	Country (if outside the U.S.)
Tax classification for co	atract owners that a	re not inc	dividuale:		
Check the appropriate box	below to indicate how y	ou are tax	ked for federal in	come tax purposes. We use this info check a box, we will apply the fede	ormation to determine our obligations ral default presumption rules.
☐ Trust	☐ Estate			☐ Partnership	☐ C Corporation
☐ S Corporation	☐ LLC tax	ed as part	nership	☐ LLC taxed as C Corporation	☐ LLC taxed as S Corporation
☐ Other (specify, for exan	nple, Charity, Qualified	l retireme	nt plan, Nonpro	fit):	
For a single-member limite and tax classification of the		.C) treated	d as a disregard	ed entity, provide below the name,	taxpayer identification number (TIN)
Name					
TIN				Tax classification	
2. Address change					
Select one of the following	ng:				
Owner or co-owner					
☐ Annuitant					
☐ Owner or co-owner and	annuitant				
Change the address to the	ne following:				
Name of individual changing a	ddress (First)		MI	Last	
New address (Street)					
City	State			Zip code	Country (if outside the U.S.)

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York). Issuer in New York: John Hancock Life Insurance Company of New York, Valhalla, NY. 130720 (1/25)

Contract number:							
3. Name change							
Select one of the following:							
Owner or co-owner							
☐ Annuitant							
Owner or co-owner and annuitant							
Change is due to: (select one)							
☐ Marital status changed from single to married (attach copy of marriage license)							
Marital status changed due to a divorce (attach copy of divorce e	_	130)					
Other (attach copy of any court order):	uccirco)						
SIGN							
SIGN HERE							
Signature of prior name			Date signed (mm/dd/yyyy)				
Print name (First)		Last					
SIGN HERE							
Signature of new name			Date signed (mm/dd/yyyy)				
	_						
Print name (First)	MI	Last					
4. Signatures and authorizations							
I request John Hancock make the above changes to the specified co	ntract and	l agree to submit additional infor	mation upon request if such				
information, in the discretion of John Hancock, is necessary to imple		_					
form are subject to the terms and conditions of the contract (and pr		_					
Certification required of U.S. persons only (including U.S. c	itizens, 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 identific							
2. I am not subject to backup withholding because: (a) I am exemp							
Revenue Service (IRS) that I am subject to backup withholding a notified me that I am no longer subject to backup withholding,		f a failure to report all interest or	dividends, or (c) the IRS has				
3. I am a U.S. citizen or other U.S. person, including a U.S. reside		lefined in the IRS Form W-9 instr	uctions)				
Certification instructions: You must check the box below if you							
withholding because you have failed to report all interest and divid			Tentify Subject to Buckup				
I am subject to backup withholding as a result of a failure to report all interest and dividends.							
Turn subject to bushap withholding as a result of a failure to re-	port un inte						
If you are signing on behalf of an entity or other individual (e.g	Trustos Do	war of Attarney Cuardian) places	indicate very title by abouting the				
appropriate box below your signature. If a title is not indicated							
not included in section 1 of this form, mandatory tax withholdi	ng rules will a	apply unless we already have a com	pleted IRS Form W-9 or applicable				
substitute on file with us. To be effective, any Form W-9 or sub-	stitute must	have the new name (if any) listed in	section 3 of this form.				
The Internal Revenue Service does not require your consent to	o any provi	sion of this document other th	an the certifications required				
to prevent backup withholding.	o any provin		an me eer mieamene i equii eu				
SIGN HERE							
Signature of owner (or fiduciary)							
	🗆 ೧		2 atto e.gea (aa, 3333)				
Title (select one, if applicable): Trustee Power of Attorne	y 📙 Guai	rdian U Other:					
SIGN HERE							
Signature of co-owner (or fiduciary) (if applicable)	· · ·		Date signed (mm/dd/yyyy)				
Title (select one, if applicable): Trustee Power of Attorne	y 🗌 Guai	dian 🗌 Other:					



Return instructions

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



National contracts:

John Hancock Annuities Service Center PO Box 55444 Boston, MA 02205-5444

New York contracts:

John Hancock Annuities Service Center PO Box 55445 Boston, MA 02205-5445

All overnight mail:

Annuities Service Center John Hancock Insurance 372 University Avenue, Suite 55444 Westwood, MA 02090



Register online:

Go to **johnhancock.com/annuities** to create an online account and gain access to contract-specific details and self-service tools. Once registered, select to receive your contract documents electronically under your Paperless settings.

