



Change of owner and/or beneficiary

Before you begin

If you are **only making beneficiary changes**, you can also complete your request **online**.

- Visit the forms page at johnhancock.com/annuities.
- Find the Change of beneficiary form.
- Click the link to submit online and follow the step-by-step instructions.

Note: Ownership changes cannot be completed online.

Important information

Use this form to make owner and/or beneficiary changes to a John Hancock variable or fixed annuity contract. No change will be effective unless it is received and acknowledged by our annuity service office in writing. If you do not receive an acknowledgment within 15 calendar days from submission of this form, contact us at 800-344-1029 to ensure your request was received.

- **For owner changes:** You must complete the entire form. Section 2 is optional.
- **For beneficiary changes only:** You do not need to complete section 3. Section 2 is optional.

Instructions for completing this form

Section 1: Contract information

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

Section 2: Text message consent

Complete this section if you wish to receive text message updates on the status of your request.

Section 3: Owner change (absolute assignment)

Please note an owner change (including addition or removal of a joint owner):

- is an absolute assignment of the contract and can cause you to owe tax on the contract gain. Consult with your own tax professional before making an owner change. In general, John Hancock must report taxable owner changes to the IRS.
- will revoke the interest of any revocable beneficiary. Therefore the new owner must update the beneficiary in section 4 of this form, otherwise the beneficiary will be the new owner, if living, or the new owner's estate. If no beneficiary is designated and the new owner is a non-natural person such as a trust, the beneficiary will be the non-natural person or trust.
- may result in the loss of guarantees and benefits under the contract and certain riders. Please carefully read the contract and prospectus to determine the impact of any change before submitting this form. You or your financial professional may call us at 800-344-1029 with any related questions.

If the owner is changed to a trust or other entity, the new owner must also complete our Certificate for trust or entity ownership form (130797) and submit it with this form. Both forms must be completed before we will process an owner change.

Section 4: Beneficiary designations (required)

Complete this section with your designated beneficiary information. Please note the following:

- **No complex beneficiaries:** John Hancock cannot accept complex or conditional beneficiary designations. By signing section 5, you authorize us to interpret the beneficiary designations on this form in order to resolve any ambiguities, inconsistencies, or omissions.
- **Loss of benefits and guarantees:** A beneficiary change may result in the loss of guarantees and benefits under certain riders. Please read the contract and prospectus to determine the impact of any change before submitting this form. You or your financial professional may call us at 800-344-1029 with any related questions.
- **Trusts and qualified plans:** If you designate a trust as beneficiary, the death benefit will be payable to the trust and not to individual beneficiaries named in the trust. In addition, contracts owned within certain tax-qualified plans require that the plan be the beneficiary.
- **Minor child beneficiary:** You may name an adult custodian to receive the death benefit for a minor child. Your instructions must include the first and last names of the custodian and child, along with references to the Uniform Transfers to Minors Act (UTMA) and the governing U.S. state or territory. For example: John Doe, custodian for Jimmy Doe, New York UTMA.
- **Entities or non-natural persons:** You may designate as a beneficiary a non-natural person such as a trust or charitable organization. If after your death John Hancock is provided with satisfactory proof that any such beneficiary is not then in existence, no portion of the death benefit will be allocated to it, and its share of the death benefit will be reapportioned to any surviving beneficiaries.
- **Priority of payment:** A primary beneficiary is the person entitled to the death benefit upon the death of the contract owner (or in certain circumstances, the annuitant). A contingent beneficiary is not entitled to the death benefit unless all primary beneficiaries die before the contract owner. If no primary or contingent beneficiary is living upon the death of the contract owner, then the death benefit is payable to the contract owner's estate.



Instructions for completing this form (continued)**Section 5: Signatures and authorizations**

All owners must sign, including all current and new contract owners. All trustees must sign if the contract is owned by a trust. If the contract is owned by a corporation or other business entity, all authorized representatives must sign and a corporate resolution (or similar) 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 their 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

TTY: 800-555-1158

**Submission:**

See return instructions at end of this form.

**Instructional video:**

Click on the "Find a form" box on johnhancock.com/annuities to view.

1. Contract information

Contract number

Current owner information:

Owner name (First) MI Last Date of birth (mm/dd/yyyy)

Phone number Mobile number See section 2. Email address

Address (Street)

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

☐ Check here if address provided is permanent address change for your annuity contracts.

Financial professional name (if applicable) (First) MI Last Phone number

Current co-owner information (if applicable):

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.)



2. Text message consent

Check the box below if you provided your mobile phone number on this form and wish to receive status updates for your request via SMS text messages.

I expressly consent to receiving updates on the status of this request via SMS/text messages delivered to my mobile phone number provided on this form from John Hancock, its affiliates, associates, and service providers, which may be delivered using an automatic phone dialing system. I understand that message frequency and the number of text messages I receive may vary depending upon account activity and communications with John Hancock. There is no separate charge for this service; however, my carrier's message and data rates may apply. I confirm that I am the owner and authorized user of the mobile phone number provided on this form, and I agree to notify John Hancock immediately if I change or obtain a new phone number, or no longer maintain the phone number provided. I understand that I am not required to provide this consent as a condition to purchase goods or services and that SMS/text messages are not inherently secure and carry security risks. For example, messages may be sent in unencrypted form. They could be viewed by others if they have access to my device or if my messages are sent to another device. The privacy of my data cannot be guaranteed while using the service. View our privacy policy at johnhancock.com/privacy.

☐ **By checking this box**, I understand the risks, and **I expressly consent to receiving** these SMS/text messages from John Hancock.

3. Owner change (absolute assignment)

Complete this section only if making an owner change. Select one of the following:

- ☐ Change existing owner to another person (or to a non-natural person)
- ☐ Add a co-owner
- ☐ Remove an existing co-owner and the information provided below is **for the owner who will remain on file**

Note: Phone withdrawal authorization, systematic withdrawal payments, and broker trade authorization will all terminate upon an owner change. If the primary owner is changed, online account registrations and existing paperless settings will also be terminated. Please refer to the online registration section at the end of this form for information on how to reregister.

All information is required:

New owner/co-owner name (First) _____ MI _____ Last _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Account type _____			Entity: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, note tax classification below.
Social Security number (or TIN) _____	Date of birth/trust (mm/dd/yyyy) _____	Relationship to current owner _____	
Phone number _____	Email address _____		
Address (Street) _____			
City _____	State _____	Zip code _____	Country (if outside the U.S.) _____

Tax classification for contract owners that are not individuals:

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.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Partnership | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> LLC taxed as partnership | <input type="checkbox"/> LLC taxed as C Corporation | <input type="checkbox"/> LLC taxed as S Corporation |
| <input type="checkbox"/> Other (specify, for example, Charity, Qualified retirement plan, Nonprofit): _____ | | | |

For a single-member limited liability company (LLC) treated as a disregarded entity, provide below the name, taxpayer identification number (TIN) and tax classification of the owner of the LLC.

Name _____	
TIN _____	Tax classification _____



4. Beneficiary designations (required)**Please list your primary and/or contingent beneficiaries below.**

Percentages for all beneficiaries named in each category (primary and contingent) **must total one-hundred percent (100%)**. Designations given in dollar amounts, fractions, or with more than two decimal places (e.g., 33.333%) will not be accepted. If percentages are not provided, beneficiaries in the same category will share equally in any death benefit payable to them. If the beneficiaries are unable to be shared equally (e.g., $\frac{1}{3}$), we will designate the extra rounded percentile to the first listed beneficiary in each class (e.g., 33.34%, 33.33%, 33.33%).

Primary beneficiaries:

1.			
Primary beneficiary name (First)		MI	Last
Social Security number (or TIN)		Date of birth (mm/dd/yyyy)	Percentage of proceeds %
Phone number	Email address		Relationship to owner
Address (Street)			
City	State	Zip code	Country (if outside the U.S.)
2.			
Primary beneficiary name (First)		MI	Last
Social Security number (or TIN)		Date of birth (mm/dd/yyyy)	Percentage of proceeds %
Phone number	Email address		Relationship to owner
Address (Street)			
City	State	Zip code	Country (if outside the U.S.)
3.			
Primary beneficiary name (First)		MI	Last
Social Security number (or TIN)		Date of birth (mm/dd/yyyy)	Percentage of proceeds %
Phone number	Email address		Relationship to owner
Address (Street)			
City	State	Zip code	Country (if outside the U.S.)



4. Beneficiary designations (required) (continued)

4. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

Contingent beneficiaries:

1. _____
Contingent beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

2. _____
Contingent beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

3. _____
Contingent beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

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

Note: If you need additional space to identify beneficiaries, please attach a signed and dated letter with the information requested above.



5. Signatures and authorizations

I request 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 and prospectus, along with any riders.

Current owners (all must sign):

SIGN HERE _____
Signature of owner (or trustee) _____ Date signed (mm/dd/yyyy) _____
Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Other: _____

SIGN HERE _____
Signature of co-owner (or co-trustee) (if applicable) _____ Date signed (mm/dd/yyyy) _____
Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Other: _____

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.



If you are signing on behalf of an entity or other individual (e.g., Trustee, Power of Attorney, Guardian), 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 3 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.

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

New owners if requesting owner change (all must sign):

SIGN HERE _____
Signature of new owner _____ Date signed (mm/dd/yyyy) _____
Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Other: _____

SIGN HERE _____
Signature of new co-owner (if applicable) _____ Date signed (mm/dd/yyyy) _____
Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Other: _____

SIGN HERE _____
Signature of irrevocable beneficiary (if any) _____ Date signed (mm/dd/yyyy) _____



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



Fax: 617-663-3160

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.

