John Hancock.

IRA and nonqualified only Withdrawal request

Before you begin

Request a withdrawal over the phone:

You can call us at 800-344-1029 to enroll in phone withdrawal authorization and elect to take a withdrawal.

You can also complete this form entirely online:

- Visit the forms page at johnhancock.com/annuities.
- Find the Withdrawal request form FULL TERMINATION (IRA and nonqualified) or Withdrawal request form PARTIAL WITHDRAWAL (IRA and nonqualified).
- Click the link to submit the applicable form version online and follow the step-by-step instructions.

Note: The Withdrawal request form is not currently available for all scenarios. Please refer to the restrictions noted prior to initiating an online request.

Important information

Impacts of withdrawals:

- Withdrawals from some of our products may adversely affect underlying guarantees.
- Withdrawals from a variable annuity product with a guaranteed minimum withdrawal benefit may reduce that benefit. Information on your withdrawal benefit can be found online at johnhancock.com/annuities, on your latest statement, or through our service center.
- Withdrawals from a variable annuity product with a lifetime income amount may cause the lifetime income amount to be reduced or eliminated.
- Amounts withdrawn over the free amount may be subject to withdrawal charges.
- Certain annuity contracts with guaranteed rate period accounts may assess a market value adjustment to the withdrawal amount.
- Amounts withdrawn from your contract cannot be reinstated.
- Withdrawals may have tax consequences.

Note: Please review your prospectus and/or contract regarding further impacts of withdrawals.

Tax information:

- The taxable portion of a withdrawal is considered ordinary income for tax purposes.
- John Hancock must report to the IRS all taxable withdrawals that exceed \$10.
- Withdrawals taken before you reach age 59½ may incur an additional 10% early distribution penalty tax under either section 72(q) or section 72(t) of the Internal Revenue Code. If the contract is a SIMPLE IRA, the penalty tax is 25% for withdrawals taken during the first two years of your participation in the SIMPLE IRA.
- If you are already taking withdrawals from your contract in a series of substantially equal payments in order to avoid the additional 10% early distribution penalty tax, any unscheduled withdrawal will be considered a modification of that series. As a result, the 10% penalty tax will apply to all previous and possibly subsequent withdrawals. Please consult your own tax professional for additional information.
- For an owner who is a U.S. citizen, U.S. resident alien, or other U.S. person: John Hancock is required to withhold federal taxes (and state taxes where applicable) from any taxable withdrawal, unless you make a valid election not to have tax withheld. You must complete section 4 and provide the requested information to make a withholding election.
- For an owner who is not a U.S. citizen, U.S. resident alien, or other U.S. person: A properly completed applicable version of IRS Form W-8 must be submitted. You can obtain the various versions of the IRS Form W-8 from the IRS website at irs.gov. See section 6 for more information.
- If the state tax withholding requested is less than the state requires, John Hancock will default to the state's required minimum.

Note: The information above is not exhaustive, is not intended as tax advice, and does not address state or local tax consequences. Before you request a withdrawal, please consult your own tax professional regarding your specific circumstances.



Important information (continued)

IRA annuities information:

- If you are requesting a direct transfer from your IRA, you must provide a signed letter of acceptance from the other financial institution.
- If you take a cash withdrawal from your IRA and plan to do a rollover to another IRA (an indirect rollover), please note the following limitations:
 - You must complete an indirect rollover within 60 days of receiving the withdrawal in order to avoid tax on the amount distributed.
 - Federal tax law permits only one indirect IRA rollover during any 12-month period. This limit will apply to all IRAs the taxpayer owns, including Roth IRAs. If the owner attempts an additional indirect rollover during that period, the transaction will be taxed as a distribution from one IRA and could also be subject to penalty as an excess contribution to the recipient IRA. It is your responsibility to make sure that you do not exceed the limit on indirect rollovers. You can avoid the 12-month limit and the risk of tax by requesting a direct transfer from your IRA to another IRA.
 - Required minimum distributions are not eligible to be rolled over.
 - The limit on indirect rollovers does not apply to a conversion from a traditional IRA to a Roth IRA.
- Special tax rules apply to qualified birth or adoption distributions. Please consult your own tax professional as to whether your withdrawal qualifies for such treatment. If it does, please check the box in section 3B.

Nonqualified annuities information:

- If you are requesting a 1035 exchange of a nonqualified annuity, the other insurance company must submit the appropriate paperwork, signed by an authorized person, documenting that the withdrawal is part of a 1035 exchange.
- If you are requesting a partial 1035 exchange of a nonqualified annuity, the IRS announced in Revenue Procedure 2011-38 that it would apply general tax principles to determine the treatment of a withdrawal from an annuity contract that had previously sent or received funds as part of a partial section 1035 exchange. If the withdrawal occurs within 180 days of that exchange, the IRS might treat the withdrawal as taxable only to the extent of the gain in the particular contract from which the withdrawal was taken. However, the IRS could instead determine that the withdrawal was an integrated part of the 1035 exchange and taxable to the extent of all the gain accumulated in the original contract at the time of the exchange. Please consult your own tax professional if you plan to take a withdrawal after a partial 1035 exchange.

A Medallion Signature Guarantee (MSG) is required when:

- A withdrawal check will be mailed to an address that is not the address on file.
- There was a change of the address on file or a change in ownership within the last 15 days.
- The withdrawal request is for \$250,000 or more.

MSGs are used as an added security measure for your contract and may be obtained at most banks, financial institutions, or credit unions. The MSG we receive must be an original; facsimiles or photocopies will not be accepted.

Cont	act information					
Ó	Website: johnhancock.com/annuities	R	Phone TTY:	: 800-344-1029 800-555-1158	\square	Mail: See return instructions at end of this form.
\sim						

▶ Instructional video:

Visit the forms page at johnhancock.com/annuities to view.



Contract number

Owner information:

Owner name (or custodian name,	if applicable) (First)		MI	Last	
Social Security number (or TIN) Default withholding rules will apply in sect	tions 4 and 5 if you do not provide y	our SSN or TIN.		Date of birth (mm/dd/yyyy)	
Phone number	Mobile number See section	on 2.	Email	address	
Address (Street)					
City	State			Zip code	Country (if outside the U.S.)
Check here if address provided is pe	ermanent address change for your	annuity contracts.			
Financial professional name (if app Co-owner information (if ap		Last			Phone number
Co-owner name (First)			MI	Last	
Social Security number (or TIN)				Date of birth (mm/dd/yyyy)	
Phone number	Email address				
Address (Street)					
City	State			Zip code	Country (if outside the U.S.)
2 Toyt moscogo concont					

2. Text message consent

(i

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.



	tract number:					
	Withdrawa					
Α.		-	e of the following options:			
	-		Fully surrender my contract.			
	Option 2:		Withdraw a specific amount: \$			
			 Select net or gross below: Net (default): You will receive a check for the amount indicated above. Any applicable sales charges and/or federal or state taxes will be deducted from the value remaining in your contract. 	OVour contra that guaran benefits. This rec in an excess with	uest may resul	t
			Note: Any applicable sales charges or federal or state tax withholding deducted from the contract value are treated as part of the total amount withdrawn from the contract.	significantly redu Please refer to yo	ice those benef	
			Gross: You may receive a check for less than the amount indicated above. Any applicable sales charges or federal or state tax withholding will be deducted from the amount indicated above.	prospectus for m the effects of exc	ore information	
			Select to prorate or provide a specific investment option request below:			
			Prorate (default): Money is withdrawn from all variable investment options pro	portionately to the alloc	ations of the cor	ntract.
			Specific investment option request (available for variable products only would like your withdrawal and provide either a specified amount (\$) or percenteredeem from.	ntage (%) next to the po		-
			1. Portfolio name or number	\$	or	9
			Portfolio name or number 2 Portfolio name or number	\$	or	9
			3. Portfolio name or number		or	9
	Option 3:		Calculate and distribute my maximum amount available without reset und Withdrawal Benefit rider.	er my current Guarar	iteed Minimur	n
	Option 4:		Withdraw the free amount as defined by my contract. If your contract is a var in your prospectus. This amount may differ from the optional withdrawal benefit an of these benefits can be found in your prospectus, online at johnhancock.com/ar contacting our service center.	nount. Information rega	rding the calcul	lation
			□ Calculate and distribute my free withdrawal amount (default).			
			$\hfill\square$ Calculate and distribute my maximum amount without surrendering the contract $\hfill\square$	act.		
			Note: The free amount includes the free withdrawal amount plus all payments outside the w contract and/or prospectus for details.	ithdrawal charge schedule). Please refer to y	your
	Option 5:		Withdraw only all of the interest accrued on my contract. This option applie interest account on Revolution Value II and Revolution Extra II products only. If the than the contract free withdrawal amount, surrender charges may apply.			
	Option 6:		Withdraw my renewal amount plus interest earned on the renewal date. R annuities and fixed accounts. If only one payment has been made to the contract, ye Applicable fees and surrender charges may apply.			ed
			Note: For GPA Choice and Performa Plus fixed annuities, 5-year renewal amount withdrawa your renewal letter processed on your contract anniversary and until 30 days after the renewal letter processed on your contract anniversary and until 30 days after the renewal set.		he day you receiv	ed
B.	For IRA co	ontra	acts only:			

If applicable, please check the box below.

☐ My withdrawal is a qualified birth or adoption distribution.



4. Federal income tax withholding

You must provide your U.S. residence address in order to elect no withholding. If you elect not to have income tax withheld from your withdrawal, or you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

John Hancock will withhold 10% from the taxable portion of your withdrawal, unless you elect otherwise below.

□ Do not withhold federal income tax. Check this box for a direct IRA/Roth IRA transfer. Also check this box if you intend to do an indirect IRA/Roth IRA rollover. You cannot transfer or roll over a required minimum distribution.

□ Withhold \$______ or ____% for federal income tax. The dollar amount or percent must equal at least 10% of the taxable portion of your withdrawal. If the amount requested is less than 10% of the taxable portion of your distribution, John Hancock will default to 10%. In order to elect out of withholding, you must provide your full Social Security number or taxpayer identification number in section 1 of this form or already have a completed IRS Form W-9 on file with us.

5. State income tax withholding

State income tax withholding may also apply to the taxable portion of your withdrawal. The applicable state withholding rules are outlined below. If you reside in a state that gives you withholding options, you must provide the information or forms requested below. If you do not, we will apply state withholding based on your state's default rules.

State income tax applies even if the state allows you to elect out of withholding. Refer to your state of residence for its requirements.

A. Alaska, Arizona, Florida, Hawaii, Kentucky, Mississippi, Nevada, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Washington, or Wyoming:

Either your state has no applicable income tax or the state has no provision for withholding on annuity or IRA withdrawals. Therefore, we cannot withhold state tax.

B. California, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey, or New Mexico:

You may elect in or out of state withholding. If you elect to have state tax withheld, you must specify an amount to withhold. We will not withhold state tax unless you enter an amount below.

Do not withhold state income tax. Withhold \$ ______ for state income tax (whole dollar amount of at least \$10).

C. Iowa, Kansas, Maine, Massachusetts, or Nebraska:

State income tax withholding is required whenever federal income taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your withdrawal. You cannot elect out of state withholding when federal tax is withheld.

D. North Carolina, Oklahoma, or Oregon:

You may elect to have state tax withheld or not to have state tax withheld. If you elect to have state income tax withheld, we will apply the state's default withholding rate.

Do not withhold state income tax. **Withhold** state income tax.

E. Arkansas:

State withholding is required when federal taxes are withheld. We will apply the Arkansas default withholding rate to the taxable portion of your withdrawal. However, you can elect out of Arkansas state withholding by providing us with a completed Form AR4P. The Arkansas form is available in the tax center on our website at johnhancock.com/annuities.

F. Connecticut: (individuals only)

State income tax withholding applies to your withdrawal, and you must provide a completed Connecticut Form CT-W4P. If you do not provide a properly completed Form CT-W4P, we must withhold 6.99% on any withdrawal. The Connecticut form is available in the tax center on our website at johnhancock.com/annuities.

G. District of Columbia:

State income tax withholding is required only if the withdrawal results in the full surrender of your IRA.

H. Michigan:

State tax withholding requirements depend on your age and the amount of the withdrawal; provide a completed Michigan Form MI W-4P to claim any exemptions. The Michigan form is available in the tax center on our website at johnhancock.com/annuities.

I. Minnesota: (individuals only)

State income tax withholding applies. You must provide a completed Minnesota Form W-4MNP to claim any applicable allowances or to elect out of state withholding. The Minnesota form is available in the tax center on our website at johnhancock.com/annuities.

J. Puerto Rico:

We are generally required to withhold 10%.

K. Vermont:

State withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.

Do not withhold state income tax.

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. 130711 (4/24) Page 5 of 10



5. State income tax withholding (continued)

L. Virginia:

State income tax withholding is required whenever federal income taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your withdrawal. You cannot elect out of state withholding when federal tax is withheld. If you elect out of federal withholding, you are not subject to state withholding. However, state income tax will still apply and you may request that we withhold Virginia income tax on a withdrawal from your nonqualified annuity by providing us a completed Form VA-4P. Note, however, that Virginia does not permit state withholding on any withdrawal from an IRA. The Virginia form is available in the tax center on our website at johnhancock.com/annuities.

M. Wisconsin:

You may elect to have state tax withheld on a withdrawal taken from your IRA. If you elect to have state tax withheld, you must specify an amount to withhold. We will not withhold Wisconsin tax unless you enter an amount below. You may not elect to have state tax withheld on a withdrawal from a nonqualified annuity contract.

Do not withhold state income tax. Withhold \$______ for state income tax (whole dollar amount of at least \$10).

N. If you reside in a state not listed above:

State tax withholding is completely voluntary. If you would like state taxes withheld, you must specify an amount or a percentage to withhold. **Withhold** \$_______(whole dollar amount of at least \$10) or _____% for state income tax.

6. Tax withholding for non-U.S. persons

If you are not a U.S. person, the above federal and state withholding rules do not apply.

Instead, we are required to withhold 30% of the taxable portion of your payments, unless your tax residence is in a country that has a tax treaty with the United States and that treaty provides an applicable exemption or reduced withholding rate. To claim the benefit of a tax treaty, you must provide a properly completed IRS Form W-8, which must include the foreign tax identifying number issued by your country of tax residence or an explanation of why you do not have one. If you do not have a foreign tax identifying number, you must include a U.S. taxpayer identification number (TIN) on the Form W-8 to claim treaty benefits. If you do not have a U.S. TIN, you may apply for one by submitting a Form W-7 to the IRS. IRS Forms W-7 and W-8 and their instructions are available on the IRS website at irs.gov.

7. Payment delivery options

Select one of the following options. Unless otherwise instructed below, or if John Hancock does not have your electronic deposit instructions on file, in good order, your payments will be mailed to your address of record by regular mail.

Option 1: Electronically deposited into your account—Select either electronic funds transfer (EFT) or federal fund wire and provide your account information.

EFT—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. The financial institution account must be registered in the name of the John Hancock contract owners. Payments will arrive in your financial institution account within 3–5 business days. However, if your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.

□ Federal fund wire—The payments will arrive in your financial institution account within 1–2 business days. A fee will be charged for this service. This fee is considered a separate withdrawal from your annuity contract. Fees may also be charged by your financial institution.

Provide your account information below. Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. If a fiduciary (e.g., power of attorney, guardian, conservator, etc.) is the owner, their fiduciary status must be preprinted on the check (not applicable if the fiduciary is a joint owner). Example: Jane Smith, POA.

Checking

□ Savings

		_
Owner name Address City, State, Zip code	Date	
Pay to the order of	\$	
Financial institution na Address City, State, Zip code	me	
For 1:1234567891:	01234567890123 II: 0123	
Routing number	Account number Check number	

Financial institution
Names listed on account

Account	number

Routing/ABA number

Important: If you are unable to provide a voided check, please include either a copy of a recent account statement or 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 owners of the financial institution account. If you provide a letter, the letter must be signed by an authorized party at the financial institution along with all contract owners to certify that the information provided is correct.

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. 130711 (4/24) Page 6 of 10



	t delivery options (continued)			
Option 2:	Check to the address of	record.		
	🗌 Regular mail (default)–	-The payments will arrive within	5–7 business days.	
		yments will arrive within 1–2 bus rom your annuity contract.	siness days. A fee will be charge	d for this service. This fee is considered
Option 3:	Check to an alternate a	ldress.		
	🗌 Regular mail—The payı	nents will arrive within 5–7 busi	ness days.	
	-	yments will arrive within 1–2 bus rom your annuity contract.	siness days. A fee will be charge	d for this service. This fee is considered
	Important: A Medallion Signation be original; facsimiles will not		you choose to have the payments	sent to an alternate address. The MSG must
	Alternate address (Street)			
	Alternate address (Street)			
	City	State	Zip code	Country (if outside the U.S.)
8. Signatur		State	Zip code	Country (if outside the U.S.)
	City res and authorizations	State		Country (if outside the U.S.)
Medallion S	City res and authorizations Signature Guarantee (MSG)		contracts)	
Medallion S	City res and authorizations Signature Guarantee (MSG) No Have you changed the o	(not applicable to New Jersey contract owner or mailing addre	contracts)	
Medallion S	City Tes and authorizations Signature Guarantee (MSG) No Have you changed the o No Is the amount requeste	(not applicable to New Jersey contract owner or mailing addre	contracts) ss on file with John Hancock wi	

If you answered yes to any of the questions above and you do not reside in New Jersey, you must obtain an MSG. MSGs are used as an added security measure for your contract and may be obtained at most banks, financial institutions, or credit unions. The MSG we receive must be an original; facsimiles or photocopies will not be accepted.

EFT authorization:

I hereby authorize John Hancock Life Insurance Company (U.S.A.)/John Hancock Life Insurance Company of New York (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 beneficiaries or contingent annuitants, 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 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 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.



uthenticate my identity ar older, user or signatory of	oviding written permission for John Hancock to obtain a consumer report about me as part of its process nd to protect against fraud. This consumer report will be used solely to validate that I am an authorized the account used or to be used in connection with the current or future transfer of funds. John Hancoc e action is taken on the basis of such report.
] I have read and understand	d the entirety of this form, including the important information included on page one and two.
Certification required of Under penalties of perjury, I	U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons). certify that:
1. The number shown on thi	s form is my correct taxpayer identification number,
Revenue Service (IRS) tha	p withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal at I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has onger subject to backup withholding, and
3. I am a U.S. citizen or othe	er U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).
	: You must check the box below if you have been notified by the IRS that you are currently subject to backup ve failed to report all interest and dividends on your tax return.
□ Lam subject to backup w	ithholding as a result of a failure to report all interest and dividends.

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

 \Box 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

Contract number:

Tax classification

8. Signatures and authorizations (continued)

If you are signing on behalf of an entity or other individual (e.g., Trustee, Power of Attorney, Guardian), please indicate your title by checking **(** i) 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 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.

Title (select one, if applicable): 🗌 Trustee	Power of Attorney	🗌 Guardian	Other:	
Signature of co-owner (or fiduciary) (if applicable	e)			Date signed (mm/dd/yyyy
Title (select one, if applicable): 🗌 Trustee	Power of Attorney	🗌 Guardian	Other:	
Place Medallion Signature Guarantee	e stamp in below boy	(if applicable).	Must be original and	d cannot be faxed.
	•			
Medallion Signature Guar	antee		Medal	lion Signature Guarantee
\bigcirc				
(i) FOR JOHN HANCOCK VERIFICAT	TION USE ONLY.			
nal signatures (if applicable):				
nal signatures (if applicable):				
	(if applicable)			Date signed (mm/dd/ywy
Signature of assignee or irrevocable beneficiary		Guardian	□ Other-	Date signed (mm/dd/yyyy
Signature of assignee or irrevocable beneficiary	r(if applicable)	Guardian	□ Other:	Date signed (mm/dd/yyyy
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Trustee		Guardian	Other:	
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Signature of custodian (if applicable)	Power of Attorney			Date signed (mm/dd/yyyy Date signed (mm/dd/yyyy
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Signature of custodian (if applicable) Title (select one, if applicable): Trustee	Power of Attorney Power of Attorney	□ Guardian	Other:	
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Trustee Signature of custodian (if applicable) Title (select one, if applicable): Trustee	Power of Attorney Power of Attorney			
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Trustee Signature of custodian (if applicable) Title (select one, if applicable): Trustee thorization for joint financial institution ac	Power of Attorney Power of Attorney Recount owner:			Date signed (mm/dd/yyyy
Signature of assignee or irrevocable beneficiary				Date signed (mm/de
Signature of assignee or irrevocable beneficiary Fitle (select one, if applicable): Trustee Signature of custodian (if applicable)	Power of Attorney			
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Signature of custodian (if applicable) Title (select one, if applicable): Trustee	Power of Attorney Power of Attorney			
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Signature of custodian (if applicable) Title (select one, if applicable): Trustee	Power of Attorney Power of Attorney			
Signature of assignee or irrevocable beneficiary Title (select one, if applicable): Signature of custodian (if applicable) Title (select one, if applicable): Trustee	Power of Attorney Power of Attorney Recount owner:			

Return instructions

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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.

